Name in Full CERTIFICATE OF DEATH County bied at Have Hill Wife wastructors MARYLAND Month Months Date of death 190/ Age Color or Birth-ANSWERED FRIEN place Race Occupation Where Residing if not a at place of death Name of VViie or Married, Single Husband or Widowed Managar TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person gring to deceased In formation CAUSES OF DEATH Primary Carcinoma How long 12 How long PHYSICIAN NO 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address. Accident or Suicide? LIBRARY BUREAU ASSSTS

John Burns Sons Satere Bakbish cens. Balli. Co.

in Full	anno Barrell	1	CERTIFIC	ATE OF DEATH	
D BY	Died at Zexas	Ball County		MARYLAND	
	Date of death 1906 Die 28	Age Years	Months	Days	
	Sex Frage Color or Race	which	Birth-place SEla	end	
ANSWERED REST FRIEN	Summertia	Where Residing If not at place of death	Texas mo	1	
	Married, Singla Wile Name of Wile or Widowed Husband	or Has Barn	sul-		
TO BE	Father's Name	Father's Birthplace			
	Mother's Maiden Name This Swip	Mother's Salamo			
	Name of person giving Pose P	nec	How related to deceased	islah	
	(Over) CAI	USES OF DEATH			
	Wild Suclater	6/10/	How long		
PHYSICIAN OR CORONER	Immediate	1	How long		
	Are the name, age, sex, color, date	Signature of Physician	C Bur	cy	
		Address Jest	w mal		
X	Accident or Suicide?				
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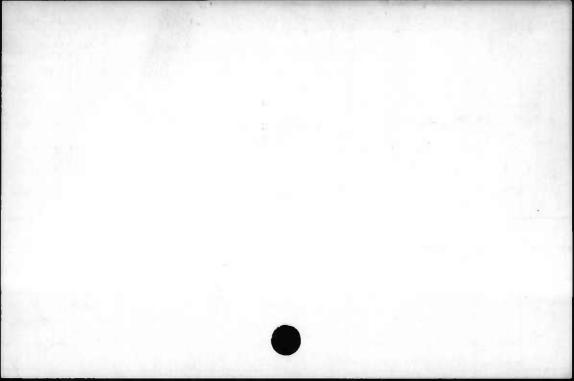
Interment at Legas Cometery oper 26 ii 6 Prosks

Name in Full CERTIFICATE OF DEATH County -Died at MARYLAND Month Day Years Months Days Date of death | 90 Age Color or Birth-FRIEN ANSWERED Race place Occupation Where Residing if not at place of death Married, Single Name of Wite or or Widowad Husband Father's Father's Birthplace Cond. Name Motherla Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU

Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Date Age 6 of death 190 Birth-Color or FRIEN ANSWERED place Race Occupation Where Residing if not at place of death Name of Wile or Married, Single Hasband or Widowed EA Father's Father's m Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person givi How related to deceased In formation CAUSES OF DEATH Primary How long ER How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date and place correctly given above? Address LIBRARY BUREAU ASSSIS

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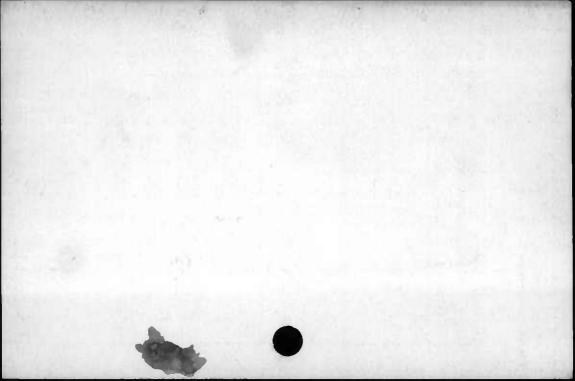
Name in Full CERTIFICATE OF DEATH Town County MARYLAND Months Days Date of death | 90 ANSWERED BY NEAREST FRIEND Color of Birth-Sav Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Nama of person giving How related In formation to deceased CAUSES OF DEATH Primary CORONER Howstong PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS



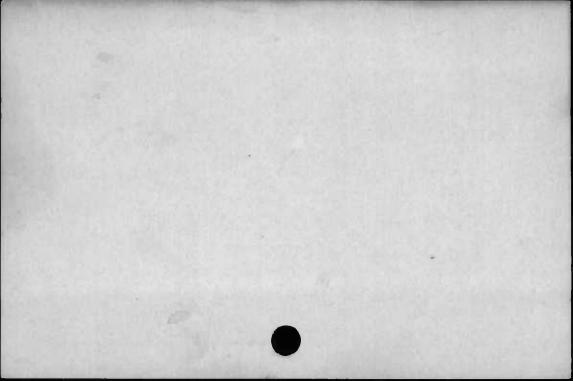
Name in Full Town MARYLAND Months Days Date of death 190( Age Birth-Color or ANSWERED Race Occupation Where Residing If not at place of death Married, Single or Widowed Name of Wite or Husband TO BE Father's Name Mother's Mother's Maiden Name Birthplace Nama of person giving How related In formation to deceased CAUSES OF DEATH Primary CORONER ow long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly givan above? Physician Address Accident or Suicide? LIBBARY BUSEAU ASSOLO

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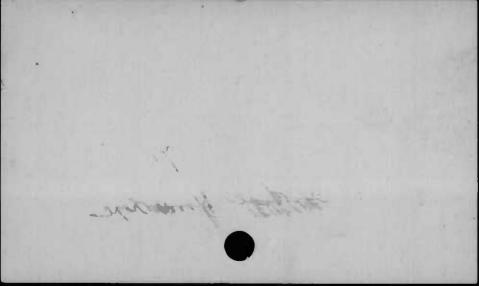
Name 1n CERTIFICATE OF DEATH Full MARYLAND Died at Months Day Date Age of death 190 Birth-place Color or ANSWERED REST FRIEN Race Sex Occupation Married, Single or Widowed Name of Wife or Husband NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES'OF DEATH Howlong Primary ow long CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Sulcide? LIBRARY BUREAU ASSSIS



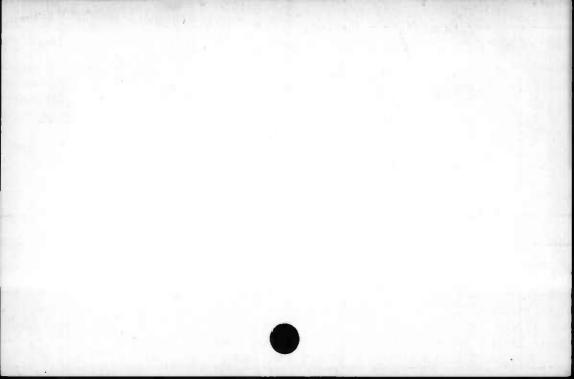
in Full	Jessey Bouson					TE OF DEATH	
ED BY	Died at Buller Town		County to		MARYLAND		
	Date of death 190 6 Dee.	Pay	Age 65	Mus	ths	2 Days	
	Sex males	Color or Page	hite	Birth- Bo	uller	mo	
VER	Occupation		Where Residing if not at place of death	Butler	n	20	
< €	Married, Small Ploo Name or Wile or Puth Au Buson						
TO BE	Father's June June			Father's Birthplace Sull			
	Mother's Maiden Name Elivor Europ			Mother's Butternd			
	Name of person giving Melvin Stewart			How related to deceased	Somin	law	
CAUSES OF DEATH							
	Primary In flamate	on fr	Brain D	How long	300		
PHYSICIAN OR CORONER	Immediate Sphan	steon	(00	How long	"		
	Are the name, ago, sex, color, date and place correctly given above?		Signature of Physician	fod de	reh.	ma	
			Address	Bute	Ec 2	nd	
X	Accident or Suicide?						
				L	LABUR YEARS	81656A UA	



Name In Full Certificate of Death Afrison. A. Bollinger Native of Occupation Month Date 19 0 6 White Male Married Colored Number of children living Rebecca Wanta adenger Wife Father's John Bollinger Maiden Name Franzers Adams Name lo errbral Hampylege Cause of Immediate Hears Failure () Accident, Suicide, Homicida Durish M.D. Reported by B relatingaville Address/ Ind Must signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

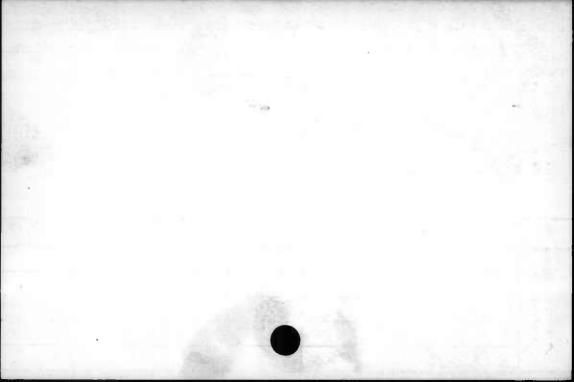


Name in Full CERTIFICATE OF DEATH MARYLAND Years Date Days Age of death 1906 Birth-Color or FRIEN ANSWERED place Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wite or or Widowed Husband TO BE Father's 2. Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How relate: In formation to deceased CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ABSS10

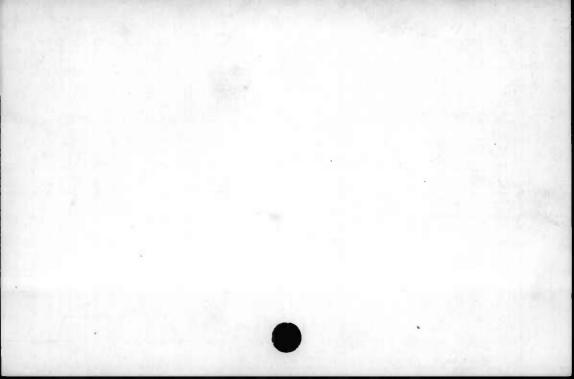


Name in Full		Ella	Basley)	CERTIFI	CATE OF DEATH
*	Died at Astern	Rus	Edunty	Balto M	ARYLAND
	Date of death 1906 St.	Day 16	Age Go	Months	Days
BIEND B	Sex Attacke Tremole	Color or Race	thite	Birth- Ballo	60
5 L	(kone		Where Residing if not at place of death	stem sin	
AH	Married, Single or Wildowed	Name of Wile or Husband			
NEA	Father's Hoseph	Box	lex. 10	Ather's Bilthplace Bas	eto bo
10	Mother's Maiden Name man	cha G	orrus 6t	Mother's Bithplace	11
	Name of person giving 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V. Bos	less	How related to deceased	-
		CAUSE	S OF DEATH		
	Primary M. Earrah	rlia	(60)	How long 127	months
PHYSICIAN SR CORONER	Immediate Exhoustin	no- In	andron	How long / 772	mith
	Are the name,age,sex,color,date and place correctly given above?	gro s	ignature of hysician	B. 19 94	son
			Address Couch	egowilly	med
X	Accident or Sulaide?				
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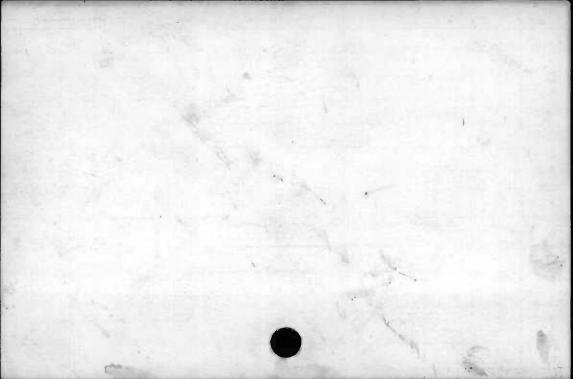
Interment at Borly's Cemeley ber 19 to 04 Name Full CERTIFICATE OF DEATH County Died at Walters MARYLAND Months Days Date 0 Birth-Color or Male FRIEN ANSWERED place Married, Single Married Occupation NEAREST Name of Wife or Husband Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Pilmary ONER How long PHYSICIAN Immediate CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU A



Name in CERTIFICATE OF DEATH Full MARYLAND Months Davs Age Color or Birth-ANSWERED FRIEN Оссираци Where Residing if not at place of death REST Married, Single Name of Wite or or Widowed Mushand NEAF BE Father's Father's Name Birthplace TO Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long 1mmediate RO Are the name, age, sex, color, date. To the Bist Signature of and place correctly given above? of me Tomo of mician STREET DARROW YEARING



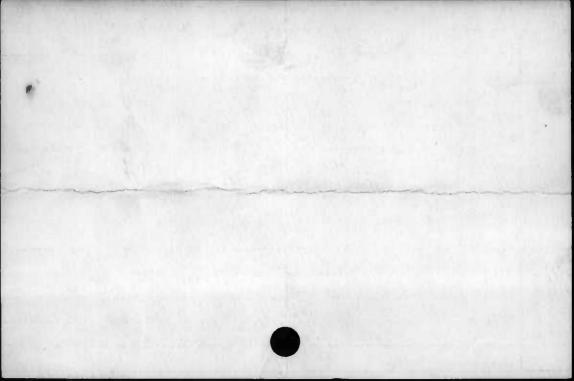
Name in Full CERTIFICATE OF DEATH County \_/ MARYLAND Month Date Months Days of death 1 90 70 Age Color or ANSWERED FRIEN Occupation / Where Residing if not at place of death Married, Single & Name of Wile or Husband 13 Father's dather's Name Birthplace 0 Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER PHYSICIAN How long Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSES



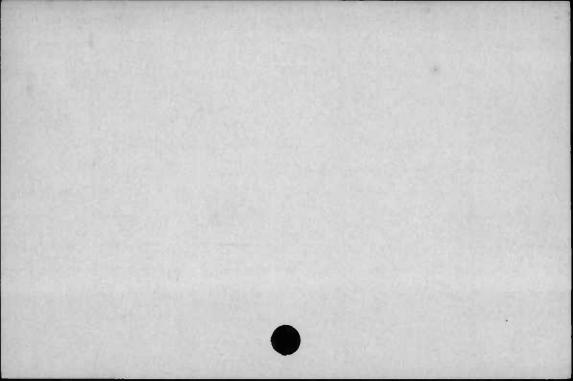
Name	Denge Mel	2. /					
Full			Cooks	CE	RTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Bighlandlown		Ballo		MARYLAND		
	Date of death 1906 Month	2 Day	Age Years	Months	Days		
	Sex Male	Color or M	Trile-	Birth- place	acto Ma		
	Occupation More		Where Residing If not at place of death				
	Married, Single or Widowed In gle	Name of Wile or Husbard					
	Father's Seo. M. G.	Groo	16	Father's MA			
	Mother's Maiden Name Jerryii	West		Mother's Birthplace			
	Name of pe son giving Seo.	W. 66	Brooks	How related	ather		
CAUSES OF DEATH							
	Primary Brancho	Anes	morela	How long 3	week		
PHYSICIAN OR CORONER	Immediate		0	How long	1		
	Are the name, age, sex, color, date and place correctly given above?	495 S	ignature of Collins	All	ley -		
			Address	Hud	of the		
X	Accident or Suicide?						
1				LIBR	ARY BUHEAU ASEDIS		

alky Landu Son

Name in Full	Blanche	Brow	ithus		CERTIFIC	ATE OF DEATH			
Un)	Died at Mt grown		Baltimore		MARYLAND onths Days				
ED BY	Date of dasth 190 6 Dec	3 Day	Age 3 Years	Mo	Months				
	sex Lemale	Color or Race	while	Birth- place					
ANSWERED REST FRIEN	Morried Single of Wildowed		Occupation						
	Name of Wife or Husband								
TO BE	Father's Mame Minholana			Father's Birthplace					
	Mother's Maiden Name Lucy Browthers			Mother's Birthplace					
	Nama of person giving In formation			How related to deceased					
		CAUS	ES OF DEATH	7)					
	Primary Broncho	Greum	oma (1	How long	Five !	tain			
PHYSICIAN OR CORONER	Immediate Hear	It Ja	ilui	How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	7. Re	cha	ds mx			
			Addrass	famile	stead	-mo			
X	Accident or Sulcide?								
					IRRARY SURF	Att America			



Name in Full	21/200	Bon	in.		CERTIFICA	TE OF DEATH		
1011	Died at Catoroville Ballo.			26	MARYLAND			
	Date		Age (OL)	M	onths	Days		
ED BY	Sex Fernale	Color or Race	hite	Birth- place	Forward	d Cos		
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death Culturavelle							
	Married, Single or Widowed wedler	Name of Wife or Husband	Philip N	Bri	nin			
TO BE				Father's Birthplace				
ř				Mother's Birthplace				
				How relate				
		CAUSI	ES OF DEATH	1				
	Primary Mitac	Insult	inimus N	How long	15 gr.	in		
PHYSICIAN R CORONER	Immediate Levery	in hour	Sutur	low long	Lurch	9		
	Are the name, age sox, color. da and place correctly given abov	te 1	Signature of OCha	Thia	epill			
Q 8			Address Can	Conti	cie			
X	Accident or Suicide?				Du	0		
					LIMBARY BURLA	U 435515		

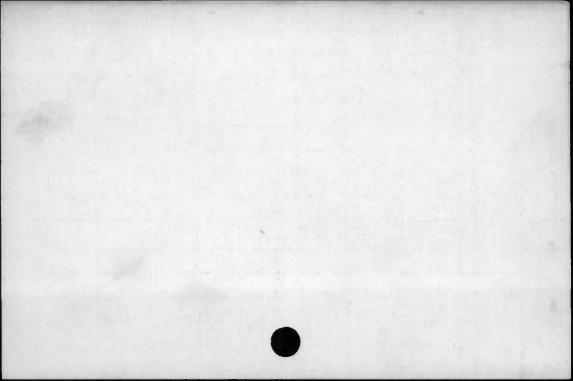


Name Samuel & Brown in CERTIFICATE OF DEATH Full County Died at MARYLAND Day Months Days Date Color or Birth-NSWERED FRIEN Race Occupation Where Residing if not a toople at place of death Married, Single Name of Wife or rachel a moore Husband or Widowed mark Father's Father's Mame Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long How long me Week CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Address hi. Accident or Suicide?

Loveres Centery DEC 12-06 AS Mais half 3539 Fall ( wolf)

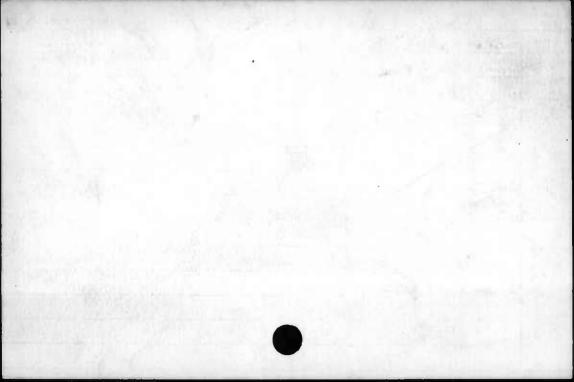
Name			1					
in Full	Monis E. Burt			CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Lucet air		MARYLAND					
	Date of death 190 4 Dec 8	Age Yeers	Mont	ths Days				
	Sex Wale Color or Rece	al	Birth- place U	Birth-place well				
	Occupation lu Laure	Where Residing if not at place of death						
	d. Single No. or Hosband							
	Father's Eduard Burk	Father's Birthplace						
	Mother's Maiden Name Grace Capels	Mother's Birthplece						
	Name of person giving Cowl, Sur	How related to deceased						
CAUSES OF DEATH								
	Primery Warasuus	(ND)	How long	Month				
PHYSICIAN R CORONER	Immediate Thornes		How long	Z hours				
	Are the neme, age lex, color. date end place correctly given ebove?	Signature of Physician	Jayel	is Ener W.D.				
0 R		Address	Towson	( rul				
X	Accident as Swinder			MB.				
			E10	BRARY BUREAU A46616				

Mr Elisha Slade Long Breen Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Birth-Color or Race ANSWERED place 1 Occupation Where Residing if not at place of death REST Name of Wite or Married, Single or Widowed Husband BE Edward Buch Birthplace 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving Edward to deceased In formation CAUSES OF DEATH Primary How Ign CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 68.8.8 Accident or Suicide?



Name in Full	murther Carroll	CE	RTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at St Allua Bully.		MARYLAND			
	Date of death 1906 Sug. 24 Age 82/244	Months	9 Days			
	Sex Fundl Golor or White	Birth- place Bo	etri			
	Married, Single or Widowed Occupation no	d				
	Name of Wife or Anomal 6 arroll.					
	Father's James Emmet	Father's Birthplace				
	Mother's Maiden Name Mances 3 417/61	Mother's Tamburges. R				
	Name of person giving in formation	How related to deceased				
	CAUSES OF DEATH					
	Primary Broncho Summunia (0.1)	How long	days			
PHYSICIAN OR CORONER	Immediate Caroliac tailus	Howlong 2	do			
	Are the name, age, sex, color, date the name, age, sex, color,	O. Ellis.	med.			
	Address	7/5 Lig	thet			
X	Accident or Sulcide?	· lity				
/		rudas	IRY BUREAU ABBOIG			

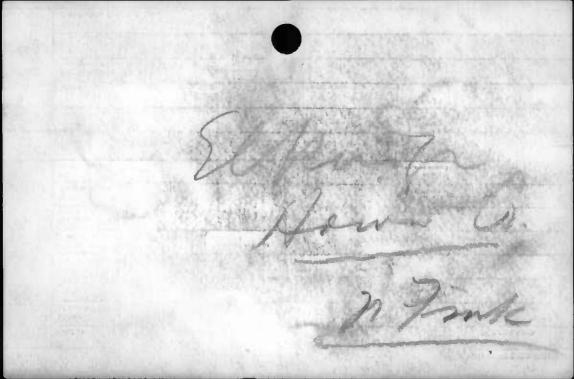
Jus Ettoughes. Moldret. Cem Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Age × Birth-Color or ANSWERED FRIEN Race Оссирацов Whera Residing if not at place of death Wama of Wite or Married, Single or Widowad 回回 Fathar's Father's Birthplace Name 01 Mothar's Mothers Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH Hart Dissor low long E How long austim PHYSICIAN NO Immediata E O Signature of Are the name, age, sex, color, date and place correctly given above? Physician Address Accident or Sulcide? LIMPARY BUREAU ASSESS



Name in CERTIFICATE OF DEATH Full Go Al andtown Died at MARYLAND Months Days Date of death 190 Age Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Name of Wile or Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Bitthplace. Maiden Name How related Name of person giving In formation CAUSES OF DEATH low long EB iralina, Exchaustion How long PHYSICIAN NO OR Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS

M. barnel been. Hernig Hon 2008 Alleans St. 12/14/06

Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Age Birth-Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death Married, Single Husband or Widowed 3 E Father's Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long DC: How long PHYSICIAN 14 NO Immediate OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS

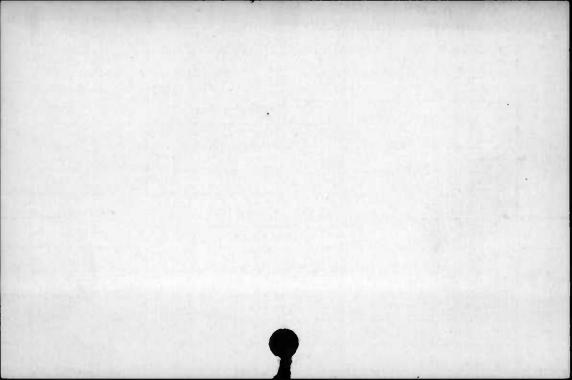


Name CERTIFICATE OF DEATH Full MARYLAND Months Date Color or Race ANSWERED Occupation Where Residing if not at place of death Wichowed Name of Wile or Husband H Father's Name Mother's Birthplace How related Name of person glving atrick Coop to deceased In formation CAUSES OF DEATH How long How lon RONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide?

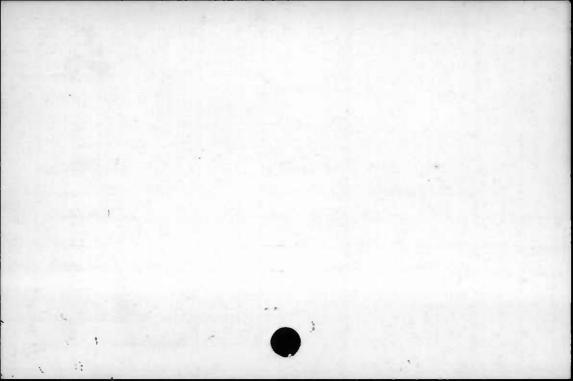
E. A. Whichefeld J. 2116 Burnmount ave St Mary Grown hom

CERTIFICATE OF DEATH Baltimore Died at Clarendon MARYLAND Where Residing if not at place of death Married, Sie Father's How related to deceased Daughler In formation CAUSES OF DEATH Primary Pormany Concer of 四 NO 00 Are the name, age, sex, color, date and place correctly given above? Accident or Suicide?

Dr bd Mattfeldt Cotonworke Dear Firt Please grant Pennit to inter the Remains of mos Cultimore in Loudon Pork Cornetery Saturday DEC 22/2000 at 2 oclock Rospt Mouven Co Name in Full CERTIFICATE OF DEATH County Cyryn MARYLAND Months Davs Date Color or RIENI ANSWERED Race Occupation at place of deeth Married, Single harrie Name of W Father's Ballo canq Mother's Birthplace Maiden Name How related to deceased In formation CAUSES OF DEATH EB PHYSICIAN NO Are the name, age, sex, color, date Signature of and place correctly given above? Addiess Orm Accident or Suicide? LIBRARY BUSEAU ASSIS



Name	many	DEA	ter		Cinting	E OF DEATH	
Full	may	10001	County		CERTIFICAT	E OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died et Miskle Pers		Balls			LAND	
	Date of deeth 1906 DIE	26	Age 3 8	Mo	nths	Days	
	Sex Franke	Color or G	theto	Birth- place	ml		
	Occupation		Where Residing if not et place of death			Horte	
	Married, Single Worked Name of Wile or Husband						
	Father's Thung Jones			Father's Seed Birthplace			
	Mother's Maiden Name Sasah			Mother's Birthplece			
	Name of person giving In formation			How related to deceesed			
CAUSES OF DEATH							
	Primary Pul Duler	rculos	20/0/	How long	2 300	5	
PHYSICIAN OR CORONER	Immediate Rother	c a		How long	who		
	Are the neme,ege,sex,color.date and place correctly given ebove?	20	Signature of Physician Shull	VHa	wen	J	
	· ·		Attoress mist	leRe	oso;	ml	
X	Accident or Suicide?	V					
					UABRUR YRABBIL	A50518	

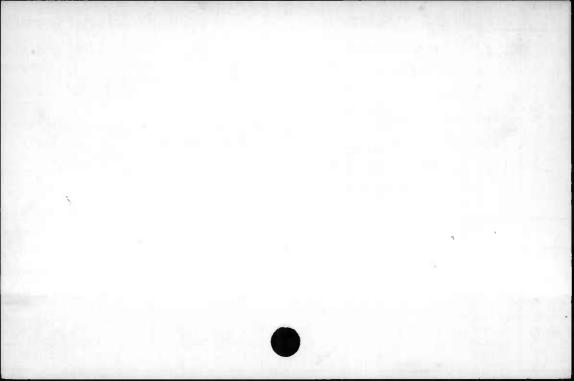


Name in CERTIFICATE OF DEATH Full. County Died at Fullerland MARYLAND Day Months . Days Date of death 1906 Age Birth-place Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long How long CORONER PHYSICIAN Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address OC. Accident or Suicide? LIBRARY BUREAU ABSSIG

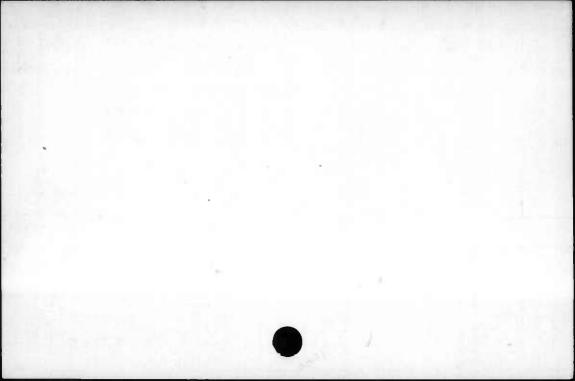
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Name	7/mass	Xit			CÉRTIFICATE OF D	FATU	
TO BE ANSWERED BY NEAREST FRIEND	Died at Fullerfor	Town County Ball			MARYLAND		
	Date of death 190 6 Dec	30	Age // /	/ Mo	nths Day	/s	
	sex male	Color or Race	thite	Birth- place	md.		
	Occupation Gardner		Where Residing if not at place of death	Fuller.	log		
	Married, Smyle or Widowed	Name of Wite or Husband	Wilhe	Emens 5	Relman		
	Father's Geo. Johnas Dietz			Father's Birthplace	Father's Germany		
F	Mother's Maiden Name Johanna Lechmer			Mother's Birthplace			
	Name of person giving Teornal Dieta (1)			How related to deceased			
CAUSES OF DEATH							
	Primary accete 18	Jondo for	remon	How long	odays		
PHYSICIAN OR CORONER	Immediate Exh	rustion	~	How long	1		
	Are the name, age, sex, color, date and place correctly given above?	les	Signature of Mu	w D l	9 one		
			Address	Garden	viele		
X	Accident or Sulcide?				and		
1					BIBBBA UARRUR YEARBIL		

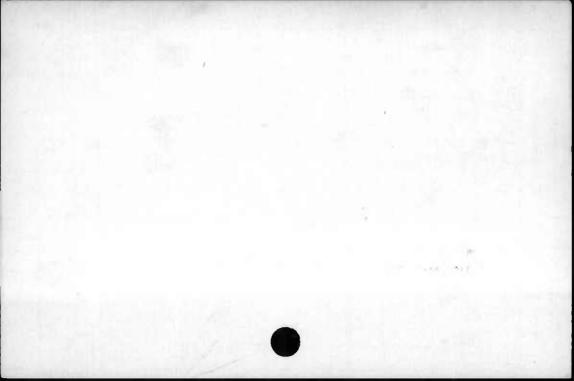


in Full	Peles Joseph Doran		CERTIFICAT	E OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died Stagues Thespetal. Ballemon		MARYLAND				
	Date of death 1906 Occ 2/ Age 2	Mont	Months				
	Sex Male Race Mull	irth-					
	Medical Doctor Where Residing if not at place of death						
	Married, Single Widowed Name of Wile or Wary ann. Doran me (allow.						
	Father's	Father's Birthplace Mand					
		Mother's Birthplace					
		How related Daughter					
	CAUSES OF DEATH		/				
	Primary Auguia Vectorio	low long					
PHYSICIAN OR CORONER	Immediate	low long					
	Are the name, age, sex, color, date and place correctly given above?  W. Signature of Physician	Shar	V				
	Address St. ag	neo J	Hospe	tal			
X	Accident or Suicide?						
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Name in Full CERTIFICATE OF DEATH Carlo Baltinon Died at MARYLAND Months Days Date of death 1906 Sec. Color or Birth-Race place ANSWERED Occupation Where Residing if not aborer at place of death Name of Wite or Married, Singla Husband or Widowed Father's Father's Name Mother's Birthplace Name of parson giving Christina CAUSES OF DEATH Now long EB NO **Immediate** Ara the name, age, sax, color, date Signature of and placa correctly given above? Physician Addrass (1108 Chyprey Accident or Suicide? LIBRARY BUREAU ASSSTS

Mr Grand Il Samder Aung Name in CERTIFICATE OF DEATH Full altimore MARYLAND hile Florale Color or RIENI ANSWERED Where Residing if not at place of death REST Married, Single Midoned Name of WHE OF Husband Birthplace Mury land Name of person giving to deceased Laughter In formation CAUSES OF DEATH Primary Scirohus Cancer of Breash How long E I How long Heat Faclure ZO 0, Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 19 actimons les. mds. Accident or Suicide?

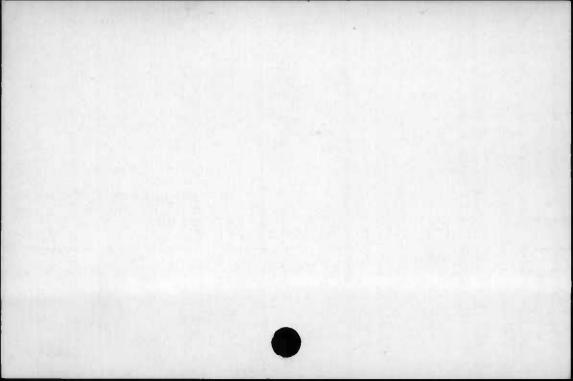


Name in CERTIFICATE OF DEATH Full Town County MARYLAND Died at Months Days Month Day Date of death 190 6 Age 0 Birth-Color or ANSWERED REST FRIEN place Sex Race Occupation Where Residing if not at place of death ed, Single TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary EB How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ LIBRARY BUREAU ABBOIG

John Birns Sms Grospert Hill Pawson •

august Elberthe Name in CERTIFICATE OF DEATH Full High lan lower MARYLAND Months Dec. Date of death | 90 /-Age Birth-Color or ennan ANSWERED FRIEN Where Residing if not Occupation Store Keeper at place of death anna Pikaer Married, Single or Widowed BE ather's Birthplace Germany Father's Name den't-know Mother's Mother's Birthplace Maiden Name How related Name of person giving double &. to liver the to deceased In formation CAUSES OF DEATH How long Primary How lone E PHYSICIAN ORON Are the same, age, sex, color, date and place correctly given above? WASON CTE ON LIBRARY BURKEU ASSESS

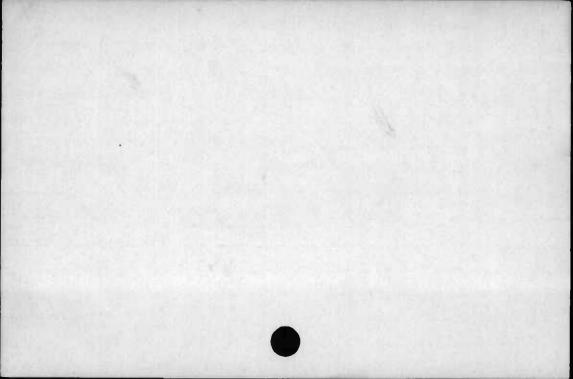
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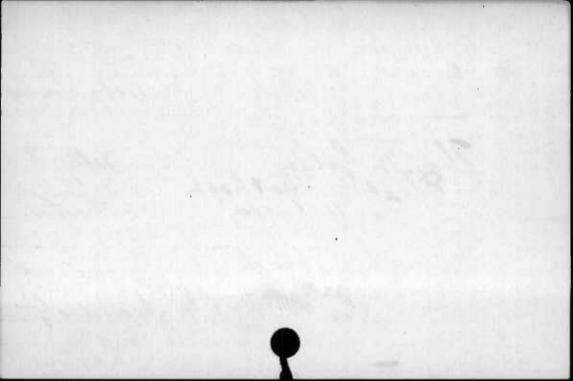
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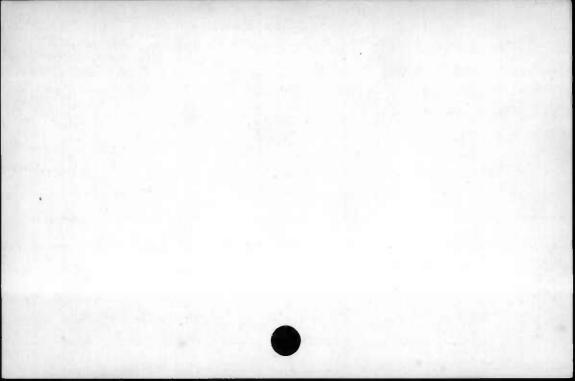
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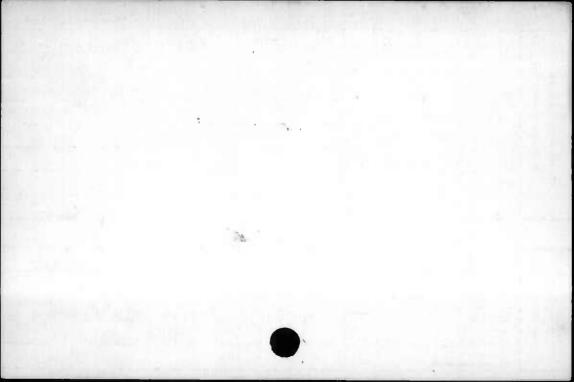
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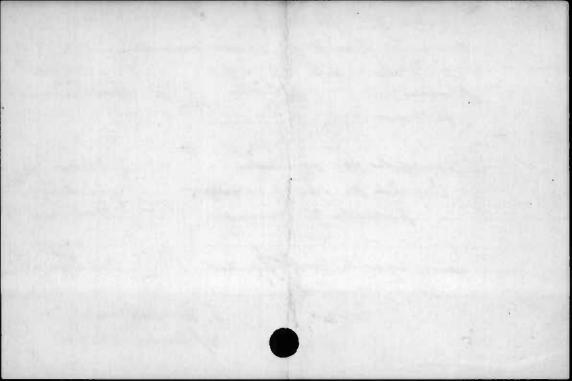
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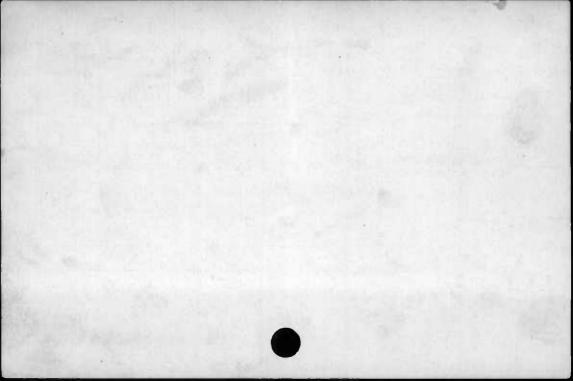
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ID BY	Date of death 1906 Dec 26 Age 69	Months Days						
	Sex Male Color or Cold Bi	the Howard Colle						
ANSWERED REST FRIEN	Occupation Laborer Where Residing if not Munles An Calourule							
	Married, Single Married Name of Wile or Harriet Gr	een,						
TO BE		ather's Wilhimmin						
ř		other's urthplace Muknous						
		ow related o deceased						
	CAUSES OF DEATH							
	Primary Suicide,	ow long						
SICIAN	Immediate Being Crushed & Coar of United Hallowy,							
PHYSICIAN R CORONEI	Are the name, age, sex, bolor, date and place correctly given above?  Are the name, age, sex, bolor, date and place correctly given above?  Are the name, age, sex, bolor, date and place correctly given above?	B. Whiteley						
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1	Anidon or Suicide?							
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Name in Full	anna may.	Hall			CERTIFICA	TE OF DEATH	
	Died at Long Erec	Ballin	orl	MARYLAND			
ED BY	Date of death 190 6 Dec.	2 2	Age 2	4	onths	Days 18	
	Sox Fernale	Color or Colored Birth place			etto. Co	. mel.	
FRI	Occupation		Where Residing if not at place of death				
ANSV	Married, Single or Widowed	Name of Wile or Husband	-				
TO BE	Father's Charles Hall				Father's Birthplace Mel.		
P	Mother's Maiden Name Ida Bound			Mother's Birthplace	Birthplace //		
	Name of person giving Charles Hall How's to dec				d Fall	rer	
		CAUS	ES OF DEATH	7			
	Primary Programmer	ias	100	How long	one u	eck	
IAN	Immediate		C	How long		18	
PHYSICIAN SR CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	ohn &	Se	en	
			Address	Gitt	inas		
X	Accident or Saicide?						
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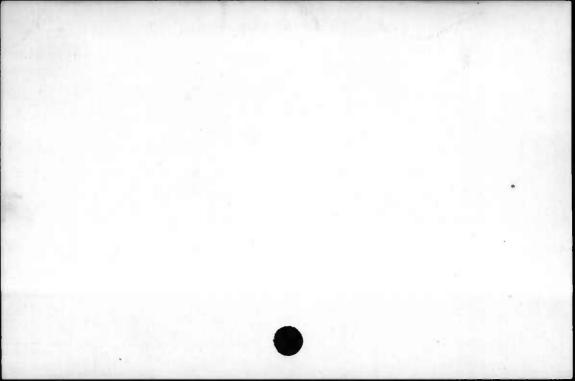
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Date of death 1906 Week 29 Age 19 2. A	Days
Color or A	
Sex formula Race of Race of Where Residing if not at place of death  Where Residing if not at place of death  Name of Wile or Husband /	
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Extract Stephen Henry Runn Father's Birthplace on y Cun	d
Maiden Name ducy and Vang han Bigthplace	
Name of person giving the Lucy Jane Paughon- If althoused moth	
CAUSES OF DEATH	
Spleme analysia Endocardition 2 years	
Immediate Habalic Marchan  Are the name, age, sex, color, date and place correctly given above?  Immediate Habalic Marchan  Signature of Physician  Physician	
	14
Address Rolling Park His	/ <u>/ • 1</u>
Accident or Suicide? The	****

Am. C. Channieth & Son Undertakers 919 Third ( Vr Interment in St hary's Hampden

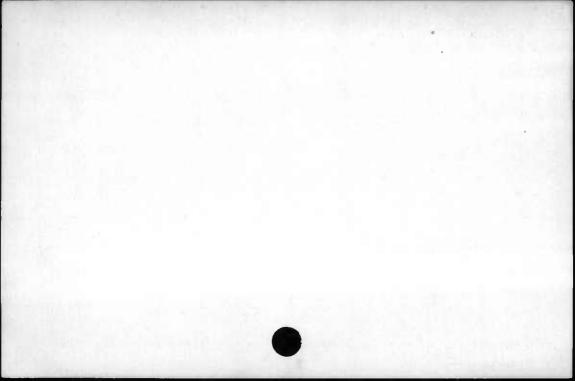
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FRIEND	Sex	Color of Bla	of 2 Birt	h- Core	seg
ANSWERED REST FRIEN	Occupation	at pla	Residing if not	•	
	or Widowed	Name of Wite or			
TO BE	Father's Name Note / En	-wn	Bir	ther's ther's	/Y .
	Maiden Name Surviv	- Jan	Bir	thplace 2	18-6
	In formation	Mealy	en to	deceased	yann
	Primary	CAUSES OF D		w long	
7 8	Primary 6/remala	ue 12m	12 /2 /V	wlong	
PHYSICIAN R CORONER	Immediate  Are the name,age,sex,color.date	Signatur	of 10	0	2-5
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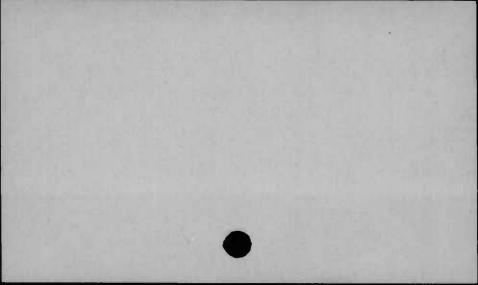
Name in Full CERTIFICATE OF DEATH MARYLAND Years Months Date of death 190 Age REST FRIEND Color or Race Birth-ANSWERED place Sex Occupation Married, Single Marrie or Widowed Name of Wife or Husband 日日 Father's Father's Name Birthplace 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long . ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address E. Accident or Sulcide?

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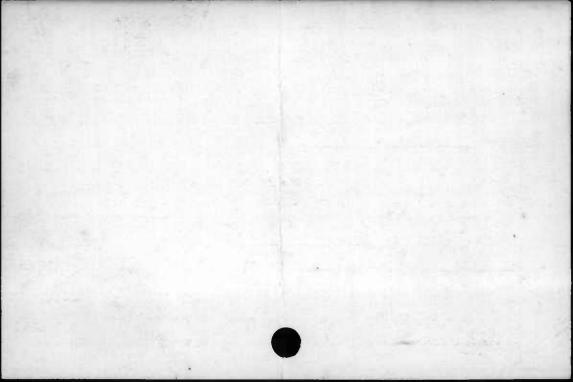
Name In Full	Stell born	infaul 1	eves c	ERTIFICATE OF DEATH
	Died at Jaws on	Bullen		MARYLAND
>	Date of death 190 6 19	- Ama 11 f	16 Month	S Days
ED BY	Sex Male Color or Race,	While	Birth- Pace	won
ANSWERED REST FRIEN	Occupation Ame	Where Residing if not at place of death		
	Mannel, Single Name of V or Widowed Husband	Vile or		
TO BE	Father's Chas K, W	Father's Birthplace Bullimore Cily		
	Mother's Maiden Name Wary & Pro	Mother's Birthplace Carrall G		
	Name of person giving Chus K	How related Father		
		CAUSES OF DEATH		
	Primary Died in W	tino	How long	/ U
PHYSICIAN OR CORONER	Immediate 4es		How long X	
	Are the name, age, sex, color, date and place correctly given above?	Signature of R. G.	masse	uburd
		Address	Pawa	n
	Accident or Suicide?			
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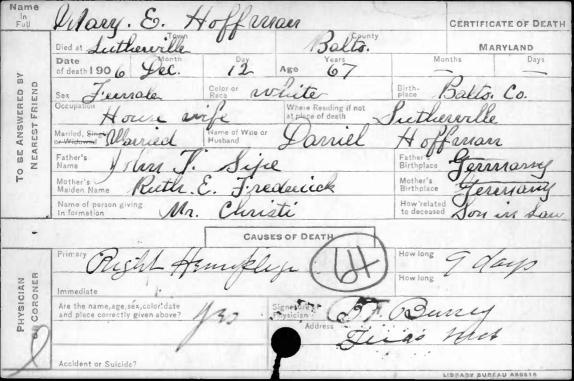


Name in Full Certificate of Death Madolin V. Hill Colomoille Houngle Date 189 6 White Married Number of children living Father's ames, Scott Name Primary Tuberuloris of Lungo Death Jangnene Wish Hill and 216 E. Leswigton St Balterine Cul Mast be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



in Full	Helen Hir	ider	Sister Man	Micros	CERTIFICATE OF DEATH			
D BY	Died at Loving Green Balto				MARYLAND			
	Date of death 1906 Sec.	Day	Age 2 14	M	onths Days			
	Sex Fernale	Color or 21	Mile	Birth- place	Maryland			
ANSWERED REST FRIEN	Occupation Sister of Charity Where Residing if not at place of death							
		Name of Wile or Husband						
BE EA	Father's Frederick	Father's Birthplace	Father's Germany					
10	Mother's Maiden Name Kale Z	Mother's Birthplace	Mother's Rew York					
	Name of person giving State	How relate to decease						
		Cause	S OF DEATH					
	Primary Lagriff		(10	How long	3 mo-			
PHYSICIAN TOR CORONER	Immediate Phthisis	Pulm	nolio	How long	son on more			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	2.	Leen			
			Address	Sittin	nge_			
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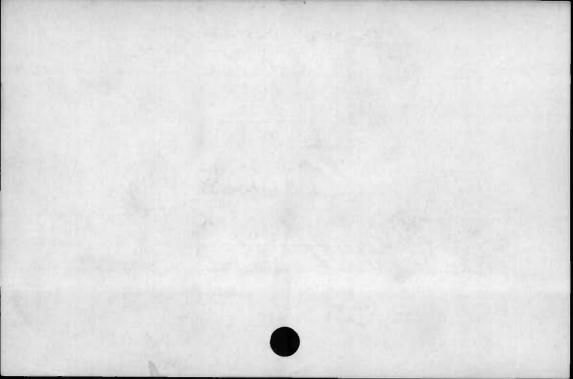


John Burns Sous Touson Middle-tony M. E. Cerretry Ballo. Co.

Name in Full	Itille	an	Hugas	the.			CERTI	FICATE OF DEATH	
	Died at revanstour				Bulto,			MARYLAND	
	Date of death   90 C	Month.	19	Age	Vears	Ů	onths	3 hours	
RIEND	Sex heale		Color or White			Birth-	Birth-place Econostoure		
S 14	Occupation	ant.	Where Residing if not at place of death						
BAs .	Married, Single Name of Wite or Husband								
N EA	Pather's John L. Hogarth Jr.				Father's Birthplace				
F	Mother's Maiden Name Sarah & hioreland.					Mother's Birthplace			
	Name of person giving for formation the formation					How relate to decease		then	
		0	CAU	SES OF DE	ATH	1			
	Primar	ature	Subor (	5th he	outly,	How long			
PHYSICIAN OR CORONER	Immediate					Howlong			
		me, age, sex, color. date correctly given above? The Signature of Hombe				Mess	MU		
		/		Add Add	Sta.	Herr	(an	Bullo fue	
X	Availant or Saluide?					(			
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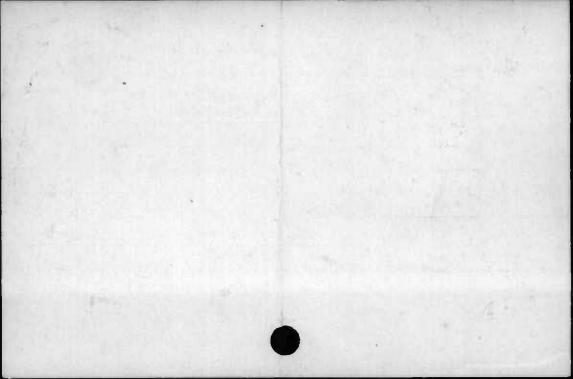
Name Colerie Holcomb CERTIFICATE OF DEATH Died Sparrows Porist Baltimore MARYLAND Days Months of death 1906 AVEC Color or Colore solemale ANSWERED Where Residing If not at place of death Name of Wife or Married, Single Husband or Widowell BE Colem Holcomb Father's Birthplace Mother's Mother's Marden Name Marrine around Birthplace How related Name of person giving Nannie Halernt mother to deceased CAUSES OF DEATH How long Primary Broncho- Pneumonia How long days Immediate exhaustion PHYSICIAN Z ORO Are the name, age, sex, color, date and place correctly given above? Accident or Suicide? NO LIBRARY BUREAU



Mame in CERTIFICATE OF DEATH Full MARYLAND Munths Date Age Birth-Color or TO BE ANSWERED FRIEN place Where Residing if not at place of death Name of Wile of Hushand Widowed Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH GRONER Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUREAU ASSOIS

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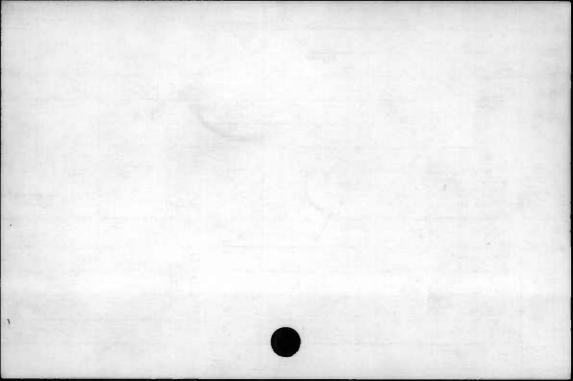
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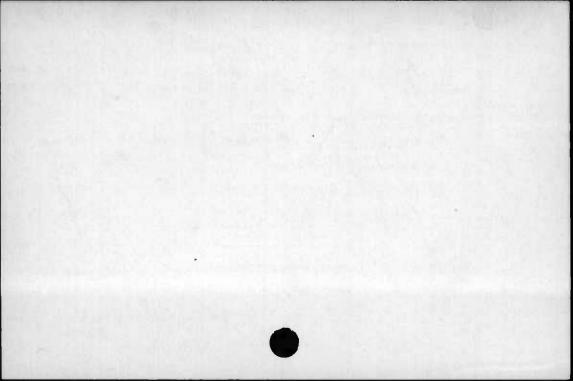
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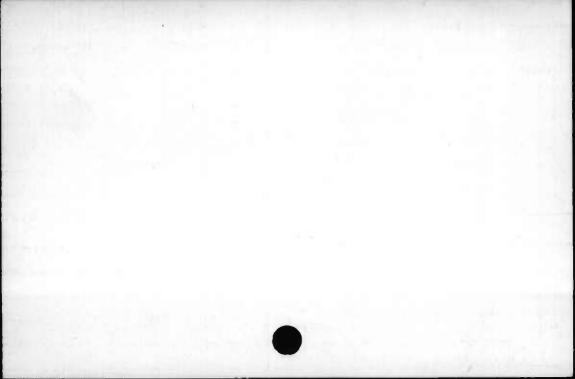
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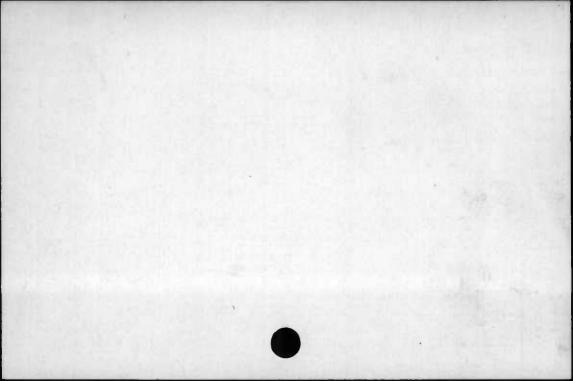
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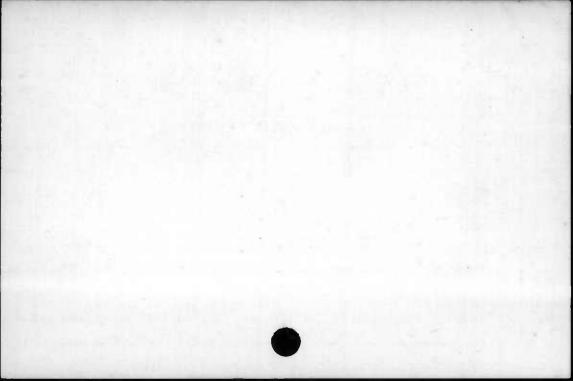
rvame alexander FEnkins Full CERTIFICATE OF DEATH Calousulle MARYLAND Date Months Color or Race Birth-FRIEN ANSWERED plece Occupation Where Residing if not at place of death Married, Single Wedown Husband Tenkins regracher or Widowed 田田田 Father's Raph channoch len Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving Benjamin & Jonkins How related to deceased CAUSES OF DEATH Primery Overexerten and Stemulation ER PHYSICIAN Exhaustion NO Immediate Signature of Alury B. Whiteley Are the name, age, sex, color, date and place correctly given above? Accident or Suicide?



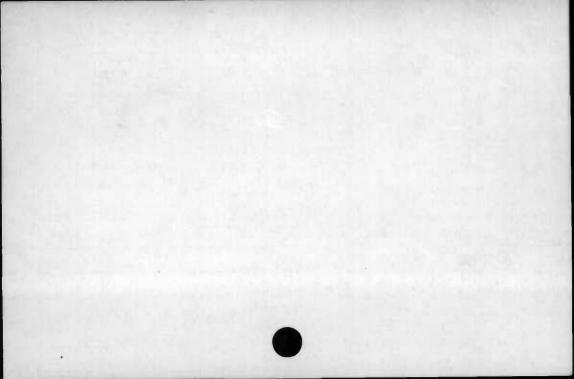
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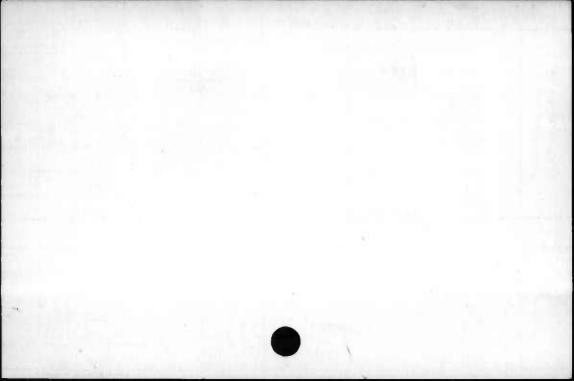
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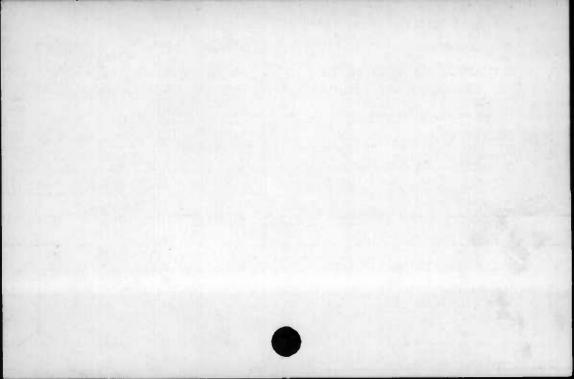
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	Date of death 1906	2  Age Years	Months Days					
	sex male	Color or Rece	Birth- place Cours					
ANSWERED	Occupation Where Residing if not at place of death							
	Married, Single or Widowed	Name of Wife or Husband						
NEA NEA	Father's Name	In James	Father's Birthplace					
10	Mother's Maiden Name	sie & orde	Mother's Birthplace					
	Name of person giving In formation	in Or Morce	How related to deceased					
	CAUSES OF DEAT							
	Immediate acute	rompetency	Howlong Rhumatism					
CORONER	Immediate aceute	Willation of	How long 2 days					
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Thurmantino & A					
g a		Address	Glencoc					
X	Accident or Suicide?		mel					
de la companya della companya della companya de la companya della			LIBRARY BUREAU ASSESS					



Name in Full	fall D lance				FICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Digo at Calousnille		Ballo	ty	MARYLAND		
	Date of death 190 6 Sec	Day	Age Years	Months	Days		
	Sax Male	Color or C	old	Birth- Galon	enly		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed Name of Wife or Husband						
	Father's Joseph. Joyce			Father's Birthplace Ma	(		
Ĕ	Mother's Maiden Name Estelle Crawford			Mother's Birthplace			
	Name of person giving Estelle Crawford			How related Mr	thei		
CAUSES OF DEATH							
	Primary Malina	el Can	ees 10'	How long abou	* Iwisk		
PHYSICIAN R CORONER	Immediate Probably Preumonia Howlong about I week						
	All About the second second to the	488.	Signature of Physician	ry B Whit	iley		
ā #			Signatura of Physician General Borons Catousoice Corons				
X	Accident or Suicide?			nd			
1				LIMBARY	BUREAU ASSELS		



Name in Full CERTIFICATE OF DEATH MARYLAND Months Davs Color or Race Occupation Where Residing if not at place of death Married, Single Christianona Karke Husband or Widowed Mrs of oreres Father's Name Birthplace Inkula Mother's Mother's Maiden Name Birthplace. remen Jimos Name of person giving In formation CAUSES OF DEATH ONER PHYSICIAN m Are the name, age, sex, color. date Signature of O and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ANSSIE

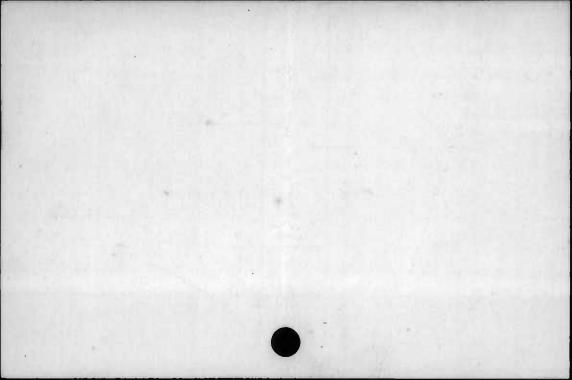


Name (Ennede in Full CERTIFICATE OF DEATH Diad at Tescas MARYLAND Date of death 1906 SEC. Months Days Age ANSWERED BY Ω Birth- Jexas Ma. Color or mala REST FRIEN Occupation Where Residing if not at place of death Married, Singla Name of Wile or Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Dezag, M. Birthplace How related well Name of person giving (16 In formation CAUSES OF DEATH Primary ORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Address Accident or Suicide? LIBRARY MUREAU ASSOIS

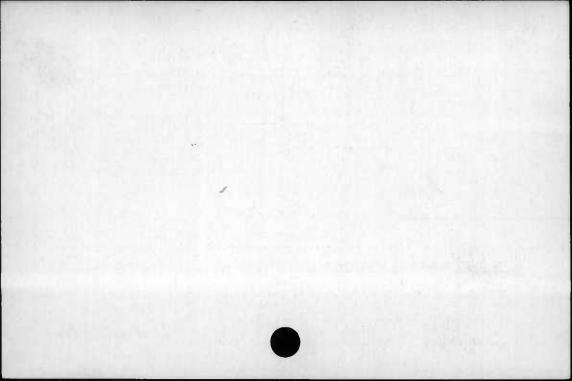
It Josepho Cemetery Dic 6 th 1906 H. C. Midefeld Name John / alusage In CERTIFICATE OF DEATH Full Frange !! MARYLAND Months Days Birth- 77 vol Color or Race Occupation Where Residing if not at place of death Name of Wite or Married, Single Married Husband almayer Mother's ofun / Cilyon Esslo Birthplace Name of person giving o decessed In formation CAUSES OF DEATH Heart Are the name, age, sex, color. date and place correctly given above? LIBRARY BUREAU ASSELS

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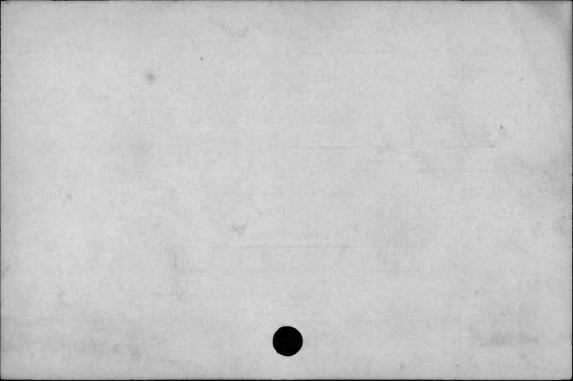
Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Age Birth-FRIEND Color or Sex Male ANSWERED place Race Occupation Where Residing if not at place of death NEAREST Name of Wile or Married, Single or Widowed Denal Husband Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long CORONER PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician EO Accident or Suicide? LIBRARY SUATAU ABBLE



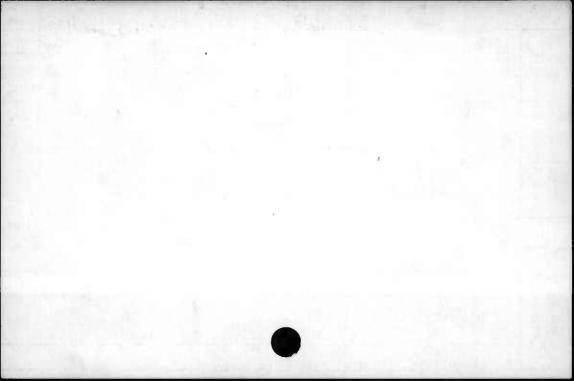
Name in Full	Tunoshy James Leahy.				CERTIFICATE OF DEATH	
ANSWERED BY	Died at It agres Hospital Pallinore.				MARYLAND	
	Date of death 1906 Occ	Day 6	Age 24	Months		Days
	sex Male	Color or Race	Phote	Birth-	alto.	Med.
	Occupation Now.		Where Residing if not at place of death			
	Married, Single Surger Name of Wite or Husband					
TO BE	Father's Patrick healy			Father's Reland.		
ř	Mother's Mary MS, Caul.			Mother's Birthplace		
	Name of person giving Mis Cauly. Hellix			How related Sister		
		CAUSE	S OF DEATH	7		
NER	Primary Pullerer	· Pulu	wordles ?	low long	coo y	lan
	Immediate lex baus livie.					
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?  Signature of Physician		1) Shaw			
4 6	4	ks.	Address	agi	us /f	repelat.
X	Accident or Suicide?			1		
1					LIBRARY BURE	AU ABBBIG



in Full	Olevia Lee	CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at Wir Wirraus Balt, County	MARYLAND					
	Date of death 1906 / 2 Pay Age 60	Months Days					
		ra, co					
	Where Residing if not at place of death						
	Married, Single musical Name or Wile or Widowed Musical Husband W. Le	-					
	Father's Father's Birthplac	e					
	Mother's Maiden Name						
	Name of person giving 1. Lee DO How relation decea						
CAUSES OF DEATH							
	Primary Construction and Lumber Howlong	3 mouths:					
PHYSICIAN R CORONER	Immediate Ogastine Valcer Howlong	14 days					
	Are the name, the sex, color, date and place correctly given above?  Are the name, the sex, color, date and place correctly given above?  Are the name, the sex color, date and place correctly given above?	auce					
T B	Address to no los	mus					
	Accident or Suicide?						
		DIBBARY BUGEAU Addold					



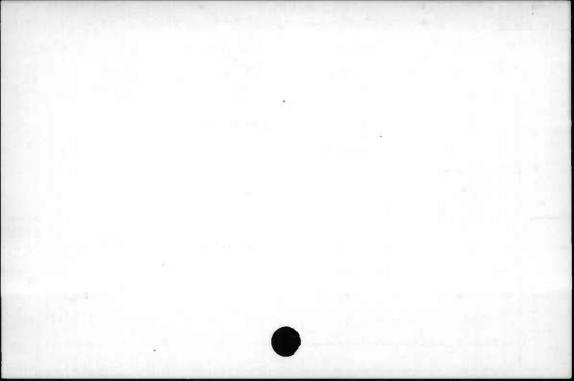
Name in Full CERTIFICATE OF DEATH MARYLAND Date of death 190 Color or FRIEN ANSWERED Occupation Where Residing if not at place of death Married, Single Name of Wite or or Widowed Husband Father's Father's Mother's Birthplace Maiden Name Name of parson giving How related to deceased In formation CAUSES OF DEATH Primary EB How long PHYSICIAN ORON Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS



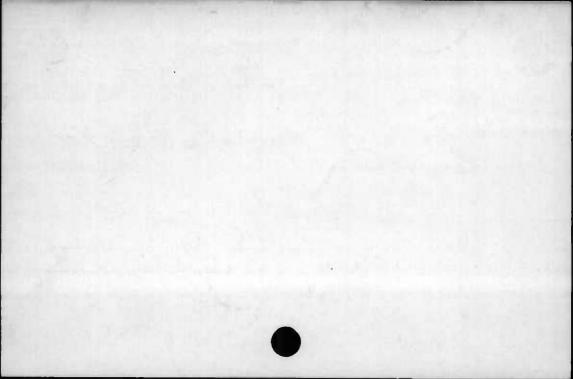
Name in CERTIFICATE OF DEATH Fv11 Died at MARYLAND Months Davs Date of death 190 Birth-place Color or FRIEN ANSWERED Race Where Residing if not at place of death REST Name of Wile or Married, Single Husband or Widowed BE Father's Father's Name Birthplace 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased × In formation CAUSES OF DEATH How long Primary CORONER relar Desease of How long PHYSICIAN Are the name, age, sex, color, date Signature of Physician and place correctly given abova? Address Œ Accident or Suicide? LIBRARY BUREAU ABBOIS

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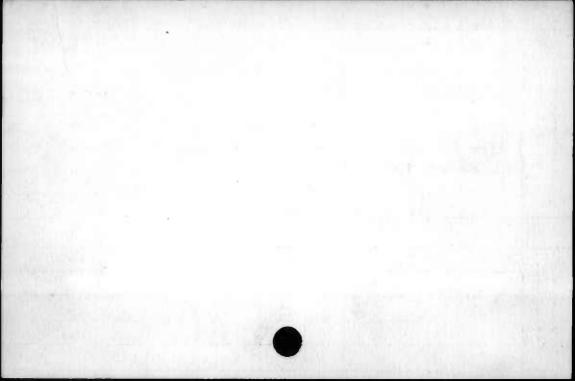
Name	1 71 4						
Full	A. V. Lindsay			C	ERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Mt Hope Reman Baltruon				MARYLAND		
	Date of death 1906 DEC	800	Age 3 7 Years	weeker.			
	sex mule	Color or W	Color or While		Birt Portemonthe Va		
	Marchaux	<b>(</b>	Where Residing if not at place of death				
	Married, Single	Name of Wite or Husband	hukew	wn			
	Father's Name Wilkinson ( Father Birth			Father's Birthplace La	ukuowa		
	Mother's Maiden Name				11		
	Name of person giving Recits luf Hope Retrial How related to deceased lot at all -						
CAUSES OF DEATH							
	Mylantholin la	apring into	Cienti-Man	in ab 13 7	1200 -		
PHYSICIAN R CORONER	Immediat Ex from Meningdis			How long	10 days-		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician of ac	ck J. F.C	annery M.S.		
ā #	Addays Addays			to le Re	hind		
X	Accident or Suicide?			ope ne	u-		
/		VIIIVE VI		- ALE	CHOSEN UNABUR XENT		



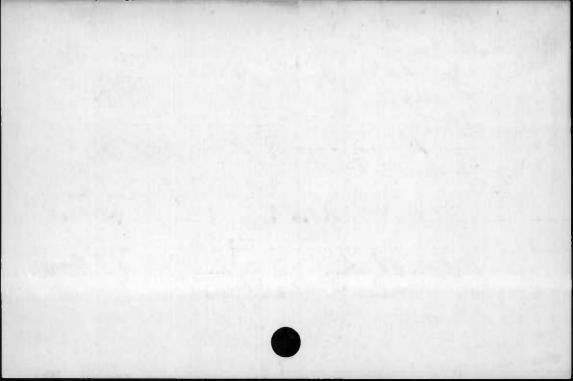
Name Died at Het Bfales The Colonielle MARYLAND Months Davs Date NSWERED Where Residing if not at place of death Name of Wife or Married, Single or Widowed Husband m Patrick mc Clusky Father's Bir hplace Mother's Birthplace How related Name of person giving Krother Kustia, Ket of to deceased. CAUSES OF DEATH campulatio Suppopulación How long. about 2 loss Ko How long RONE Immediate Are the name, age, sex, color, date and place correctly given above? Physician Accident or Suicide? LIBRARY BUREAU ASSSTA



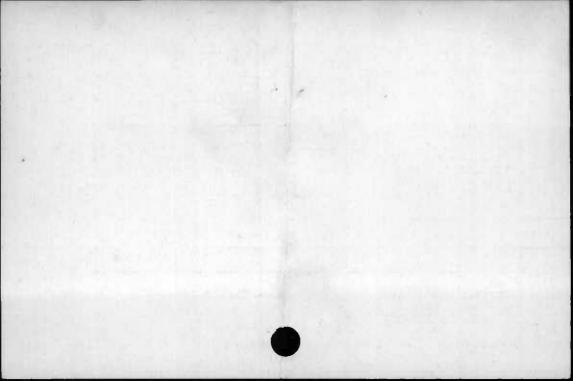
Name Full CERTIFICATE OF DEATH County nomator MARYLAND Date Months Color or ANSWERED Where Residing if not at place of death Married, Singla Name of Wile or Husband or Widowed TO BE Father's Father's Birthplace -Mother's Mother's Maiden Name Birthplace Name of person giving In formation CAUSES OF DEATH Primary . How long Locomoter alaxe a ONER How long PHYSICIAN CORG Are the name, age, sex, color, date Signature 9 and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS



Name in CERTIFICATE OF DEATH Full MARYLAND 3 Day Months Date of death 190 6 Loc Color or Birthmale ANSWERED FRIEN Race Occupation Where Residing If not Laborer at place of death REST Name of Wite or Married, Single or Widowed 田田田 Father's Birthplace Mother's Mother's Maiden Name How related Name of person giving In formation CAUSES OF DEATH CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date and place correctly given above? Physician Address Ancidont or Coloida LIBRARY BUREAU ASSOIS



Name in CERTIFICATE OF DEATH Full MARYLAND · Days Months Date Age of death 190 VEAREST FRIEND Birth-Color or ANSWERED Sex Occupation nace of death Married, Single Name of Wile or or Widowed Lusband TO BE Father's Father's Name Birthplace Mother's Mother Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEAPA Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature : Physician and place correctly given above? 00/ Accident or Suicide?



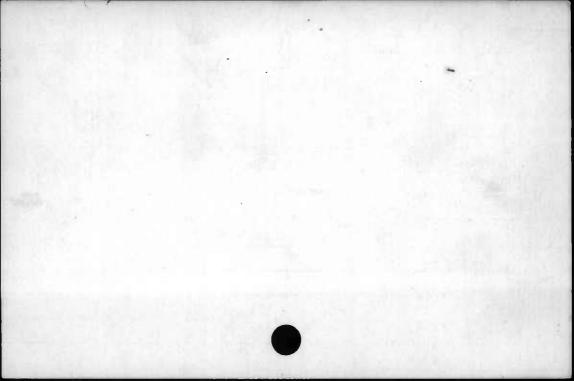
Name in Full		mo	me ?	CERTIFICATE OF DEATH		
	Died at Rossocie	- 0:	3 County Co	MARYLAND		
>		Day Yes	ars Mo	onths Days		
ED BY	Sex Male Color of Race	v ca	Birth- place	mes		
ANSWERED REST FRIEN	Married, Single or Widowed	Occupation				
BE	Name of Wife or Husband		1			
	Father's Ideury Menner			Father's Birthplace		
10	Mother's Mary Silvel			Mother's Birthplace		
	Name of person giving In formation	ame of person giving formation Mersage				
CAUSE OF DEATH						
	Primary 1 2001	16: 76	How long			
TÄN	Immediate	Contract	How long			
PHYSICIÄN R CORONER	Are the name,age,sex,color.date and place correctly given above?	Signature of Physician	18 32			
H H		Address	0,00	Mare		
X	Accident or Suicide?		Joh	o soulle		
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Enterment St Josepho Cent Belair Road Gev. W. Grammer under token

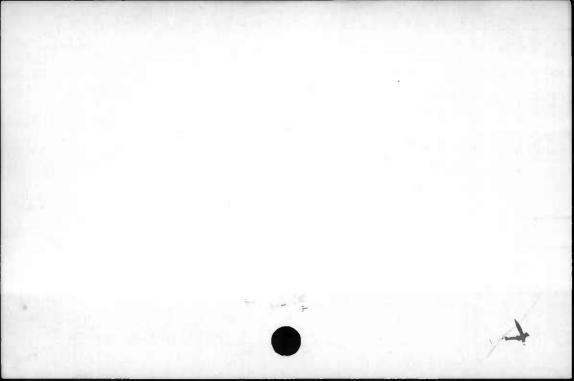
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In Full	Arrice Catte	rivie	Merers	CER	TIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Brook landville Balto.				MARYLAND	
	Date of death 1906 Dec.	30	Age 68	Months	Days	
	sex Ferrale	Color or QA	Thete	Birth- Weste	where Jerung	
	Dorrestice	4	Where Residing if not at place of death	Trookel	andville-	
	Morris Single Millow	Name of Wile or Husband				
	Father's Name			Father's Birthplace		
	Mother's Harrige	ather.	me toll	Mother's Birthplace	Germany	
	Name of person giving Bal	drin	Meyers	How related to deceased	Son	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Sombele -		all	How long		
	Immediate Quit	lexy	(6)	How long & fe	ozela	
	Are the name, age, sex, color, date and place correctly given above?	4	Signature of Machine	- Roman	K .	
		,	Address Brown	blind or	Ei.	
X	Accident or Suicide?					
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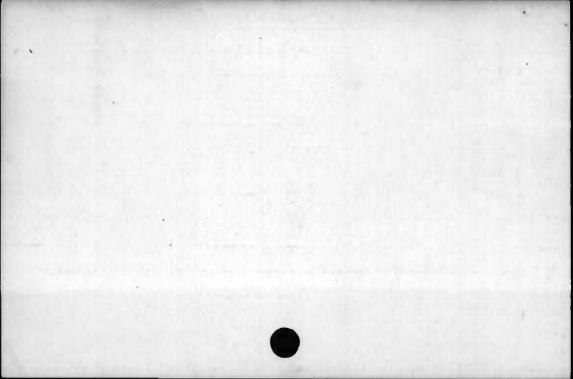
John Burns Sous Jones M. E. Cemelrij Ballo: Co Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Days Date Agel of death 190 0 Birth-Color o RIENI ANSWERED place Sex Where Residing if not Occupation at place of death Name of Wite or Married, Single or Widowed 山田田 Father's Name Mother's Maiden Name How related Name of person giving to deceased In formation GAUSES OF DEATH Primary Howlong RONER PHYSICIAN Immediate Are the name, age, sex, color.date Signature of O and place correctly given above? Physician Address Accident or Suicide?



Name in Full CERTIFICATE OF DEATH MARYLAND Months Days Date Color or Z ANSWERED Occupation Where Residing if not at place of death Married, Single ame of Wile or or Widowed Father's -Father's Name Mother's Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH, How long 14 PHYSICIAN NO Immediate CORC Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS



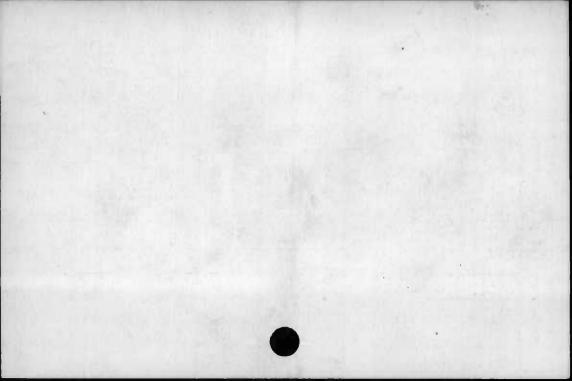
Name	.0							
În Full	The Nicker.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at it aques Hoapulal			Ballinos.		MARYLAND		
	Date of death 1906 Aus.	Day 13	Age 47	Mo	Months D			
	sex Male	Color or Rece	Thite Birth- Verman		4.			
	Occupation  Where Residing if not at place of death							
	Married, Single Murried Name of Wile or amelia Tisaher Richer							
	Father's Fredrick Neiker			Father's Birthplace	Father's Birthplace Hermany.			
	Mother's Maiden Name Roca Riach.			Mother's Birthplace				
	Name of person giving Information			How related to deceased				
CAUSES OF DEATH								
IAN	Primary Puritorilis.		116	Howlong	Lays			
	Immediate Copulations Howlong							
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Jus !	Signature of Jav &	Shaw				
ر م	Address of ay w lookelul							
X	Accident or Suicide?							
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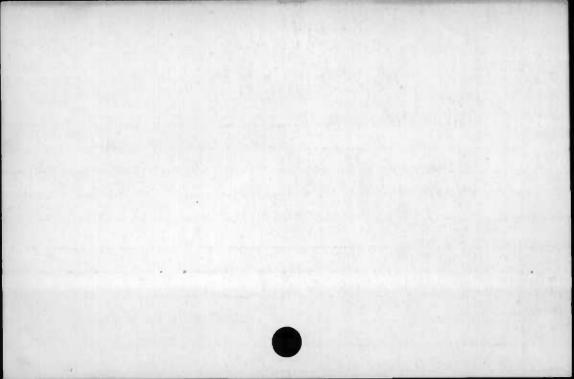
Name in Full	Martin O'Biren	CÉRTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at Ballo. Co. almohous	MARYLAND						
	Date of death 190 6 /2 20 Age about 75	Months Days						
	Sex / Mace Race	Birth- Makenon						
	Occupation Where Residing if not at place of death							
	Married, Single Pingle Name of Wite or Husband							
	Father's Mame Monoun	Father's AN Runn						
	Mother's Maiden Name	Mother's Birthplace						
	Name of person giving In formation	How related to deceased						
CAUSES OF DEATH								
	Primary	How long						
PHYSICIAN OR CORONER	Immediate Cerebral Paralysis	o. C. Busay						
	Are the name, age, sex, color, date and place correctly given above?  Are the name, age, sex, color, date Physician  OThor	o. C. Bussey						
	Address	Address OFeyas						
-/	Accident or Suicide?	Md.						
1 -		LIBRARY BUREAU ASSSIS						

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Name in Full CERTIFICATE OF DEATH County MARYLAND Months Days Date of death 190 6 Age Whater Birthto Helena Color or Sex Male ANSWERED REST FRIEN place Race Occupation Where Residing if not non at place of death Name of Wite or Married, Single Husband or Widowed BE Father's Father's Med Bunj. Phello Birthplace Mother's Mother's mal Maiden Name / Llure Lorico Birthplace Name of person giving Alace Phelps How related Mathen to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Lo. Stoleral Te and place correctly given above? Physician Address 0 Harris Fice Accident or Cuicide?



Name William in CERTIFICATE OF DEATH Full Pleasant Hill MARYLAND Days Months Data Color or ANSWERED Occupation Where Residing if not at place of death Married, Single or Widowed Father's Friedrich Co My Father's Name Mother's Mother's Mother's Manden Name Amanda Birthplace Carroll Co In a How related Name of person giving Ho asan to deceased In formation CAUSES OF DEATH How long ORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ADDOLS



Name CERTIFICATE OF DEATH Full MARYLAND Months Date Age FRIEND Color or ANSWERED Race Occupation Where Residing if not at place of death REST Name of Wile or Married, Single or Widowed BE Father's Birthplace Name Mother's Maiden Name How related & Name of person giving to deceased In formation CAUSES OF DEATH Primary How long CORONER (How long PHYSICIAN Are the name, age, sex, color, date and place correctly given above? Physiclan ( œ Accident or Spicide? LIBRARY BUREAU ASSESS

Bohemian National

Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Day Date of death 1906 Age 0 Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death Married, Single or Widowed Name of Wite or TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased in formation CAUSES OF DEATH Primary How long ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of end place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS

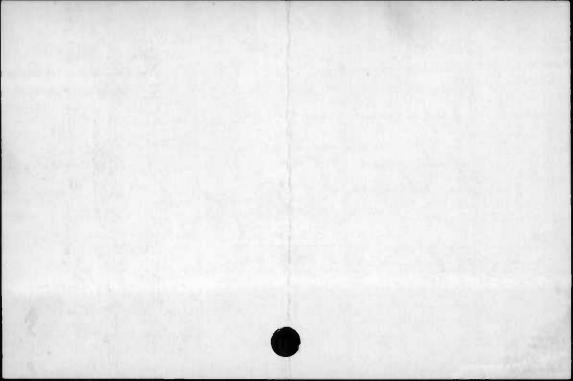
Juneral at Steventon Chapple Friday Lec 14 10 M. C Brooks

Name Uns Sarah M Grime in CERTIFICATE OF DEATH Full Govanstown MARYLAND Days of death 1906 Dell Age Birth-place (md. Color or Gemale ANSWERED Race Occupation Where Residing if not at place of death Married Name of Manor Husband Married, Single or Widowed Father's Wash D.C. Name OL Mother's Mother's Do not know. Mother's Birthplace Do. not Khon Maiden Name Name of person giving Mrs. Edw. C. Bernusco How related to deceased CAUSES OF DEATH Primary How long ER How long RONI Are the name, ago, sex, color. date Signature of and place correctly given above? Physician Addrass Accident or Suicide? LINDADY BUREAU ASSELS

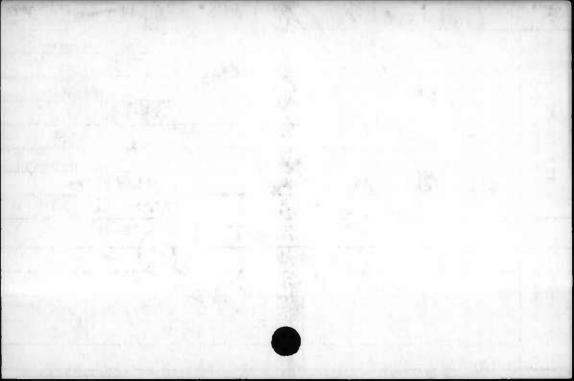
Washington D. E. Henry W. Meurs my Son Name in CERTIFICATE OF DEATH Full MARYLAND Days Birth- Balto. Es. Color or Race ANSWERED Where Residing it not at place of death or Widowed Married Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name How related ( to deceased Don-in - Ca In formation CAUSES OF DEATH Primary K 20 60 Are the name age, sex, color, date Signature of Physici Coroner C and place correctly given above? Address C Accident or Suicide? LIBRARY BUREAU ASSSIG

Moodlawn Peux Dec 171956. Josh Book

Name	E PO	. 0.	1		CERTIFICA	TE OF DEATH		
Full	Died at Hy de Town Balt.			MARYLAND				
ANSWERED BY REST FRIEND	Date Month of death 190 6	11th	Age 2	Mc 8	onths	Days		
	Sex remale	Color or 77	White Birth-place Ma					
	Occupation Where Reading if not at place of death							
	Married, Single Or Millaund Name of Wife of Husband Name Reicherf							
TO BE	Father's Ambrose	Harry	slipe	Father's Birthplace	mi			
7	Mother's Maiden Name Anna & G. Godon Birthplace		md.					
	Name of person giving In formation	il R	ichart	How relate to decease	d /www	etorit		
CAUSES OF DEATH								
	Crebrae he	1001000	haze I N	How long	one we	est		
PHYSICIAN OR CORONER	Immediate Paralysis Howlong							
	Are the name, age, sex, color. date and place correctly given above?		Signature of Physician	S. S	Lies	w -		
			Address	littis	rgs	1		
V	Accident - Suicide?							
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Name Courad In Full CERTIFICATE OF DEATH MARYLAND Months Date Color or Birth-ANSWERED FRIEN Sex place Occupation Where Residing if not at place of death Name of Wite or Married Smale Husband or Widowed Father's Father's Birthplace Name Mother's Birthplace Name of person giving How related adam Ke to deceased In formation CAUSES OF DEATH EB rasmic Crua PHYSICIAN NO 00 Are the name, age, sex, color. date Signature of Physician 0 and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ASSESS



Name in CERTIFICATE OF DEATH Full. County Died at MARYLAND Months Davs Date Age of death 190 (a 0 Birth-Color or ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death .. Name of Wile or Married, Single or Widowed Husband TO BE Enther's Father's Birthplace Name Mother's -Mother's Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary ER PHYSICIAN NO Immediate 00 Are the name, age, sex, color, date 80 and place correctly given above? C

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Mame in CERTIFICATE OF DEATH Full MARYLAND Months Date ANSWERED BY Color or Race Birth-place REST FRIEN Occupation Where Residing if not at place of death Name of Wile or Maried, Single Husband or Wido and TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving Manuale E. How related to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Are the name, age, sex, color, date and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU AGOSTS

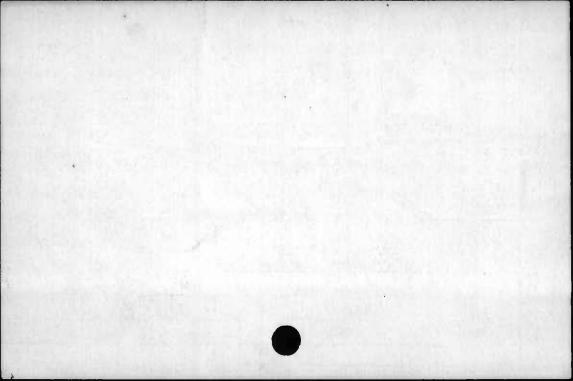
John Burus Sous Foreson Ult Zion Cerrs Freelands Sta Balto. Name in mistune CERTIFICATE OF DEATH Full. Died at he ar Ownigs millo MARYLAND Months Days Date of death 1906 Dec Color or Race ANSWERED Where Residing if not et place of death Married, Single acol willow or Widowed Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving In formation Hew long Primary How long 7 diseas z ō OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSOTS

E. D. Silby -St Thomas 300 Name in CERTIFICATE OF DEATH Full MARYLAND Months Davs of death 1906 Dec Age 6.3 Where Residing if not at place of death Name of Wile or Married, Smale Husband or Widowed Father's Father's M Mother's Mother's Birthplace How related Name of person giving to deceased dang In formation CAUSES OF DEATH How long Primary HH 0 Signature of Physicia Corone Are the name, age, sex, color, date and place correctly given about Address Accident or Suicide? LIBRARY BURLAU Addate

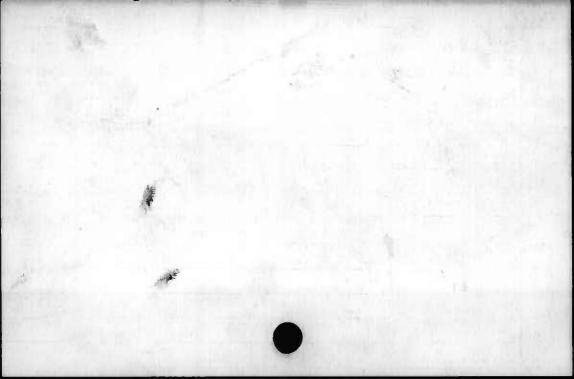
Martin Fahry & Sons for Furial. It Mary Cemetary Gorandown Name in CERTIFICATE OF DEATH Full Died at MARYLAND Years Months Date of death 190 Age Birth-Color or FRIEN ANSWERED place Occupation Where Residing if not at place of death REST Name of Wile or Married, Single pp.Widowed Husband TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace How related Name of person giving in formation to deceased CAUSES OF DEATH Primary How long 2 mito E How long PHYSICIAN Faundice ORONI Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ABSSES

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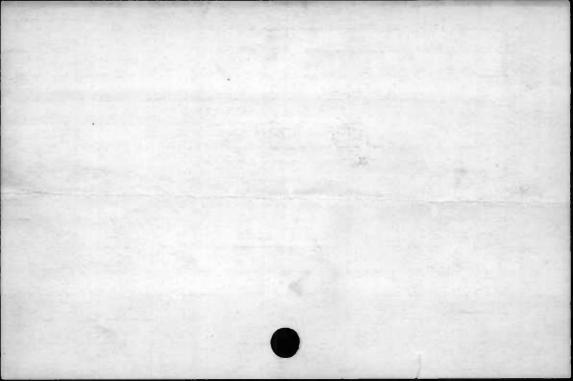
Name otta Schennel. CERTIFICATE OF DEATH lier asylum MARYLAND of death 1906 dec. Months Days Birth-ANSWERED place Occupation Where Residing if not Bay Kin asylun et place of death Married, Single Name of Wile of Husband or Widowed TO BE Father's Denord & Cherryel Name Mother's How related home Name of person giving amar Holly das In formation How long Carbolic (lei 田田 How long PHYSICIAN RONE Immediate Signature of Physician Coroner David Thompson Are the name, age, sex, color, date and place correctly given above? Address Accident or Suicide?



Name in Full CERTIFICATE OF DEATH County Died a MARYLAND Months Date Days of death 190 Age Color or Birth- L ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death Name of Wite or Married, Single Husband or Widowed 38 Father's Father's Father's Birthplace Pullumine Name 20 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation deceale CAUSES OF DEATH Primary ONER How long PHYSICIAN **Immediate** 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Sulcide? LIBRARY BUREAU ASSELS



Name '	7	1.			11/	7		
Full Trederick Schlimm				12/1	CERTI	FICATE OF DEATH		
D BY	Died at St Denus			Baltimare			MARYLAND	
	Date of death 1906	Month	Day 10	Age Years	6	Months	Days	
	sex male		Color or W	rite	Birth	· Sur	mann	
ANSWERED REST FRIEN	Occupation Lock Hands . Where Residing if not at place of death 23 252							
TO BE ANSU	Married, Sagle Name of Wife or Husband Quur J					len	· · ·	
	Father's Unknown					Father's June 19		
	Mother's Maiden Name Milhelein Schlimm					Mother's Cermany		
	Name of person giving In formation				How to d	How related to deceased		
CAUSES OF DEATH								
	Primary			(1	How	long		
PHYSICIAN R CORONER	Immediate decidental, struck by train + 102 killed How long							
	Are the name, age, sex, color, date and place correctly given above?  Signature of Phylogeneur Ro					blar	Ke	
9 E	Address				St	Deni	<i>S</i>	
X	Accident or Suidide	?			3/4		mos	
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Name in Full	Thanka	1840	freca	Scall	CERTIFICA	TE OF DEATH	
	Died at Cochapeve	Bal	MAF		YLAND		
	Date of death 190% Sec	Day 14	Age Years		Onths	Says	
ED BY	sex Fernale	mole Color or White			Birth- Philopolis		
Y ER	Occupation Housewife Where Residing if not at place of death at place of death						
ANSI	Married, Single Name of Wine of Franh Gist Scalt Husband						
TO BE	Father's Jaseph Basley				Father's Birthplace / 2 allolo,		
10	Mother's Martha Goosuck				Mother's Birthplace brong me		
	Name of person giving Philma Scalf				da	4 htm	
		CAUSI	ES OF DEATH	7			
	Primary Carcino	na of	Stomack	How long	1014	with	
PHYSICIAN OR CORONER	Immediate Descript	, -		Howlong	2 000	u les	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	873.16c	Bens	son		
			Address Co	colengari	Un me	d	
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7					LINDARY BURES	W ADDESS	

Interment at Black
Cemetry der 18th -06

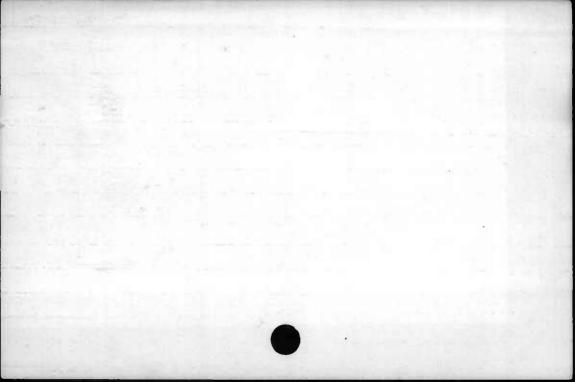
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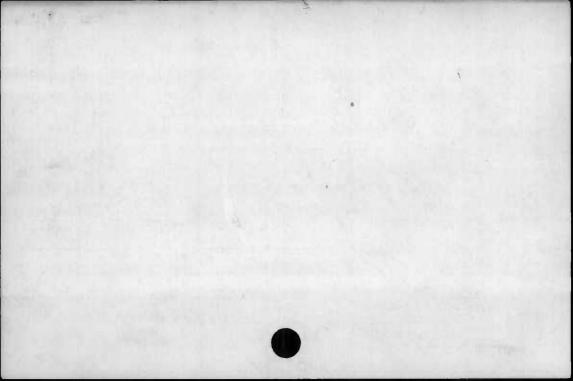
Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Month Day Years Months Days Date of death 190 C Age FRIEND Color or -Race Birth-ANSWERED place Occupation Where Residing If not at place of death NEAREST Married, Single Name of Wite or Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long ORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 0 Accident or Suicide? LIBRARY BUREAU ASSESS

Christian Miller t 2334 Jefferson et Jarusalem Cemetary

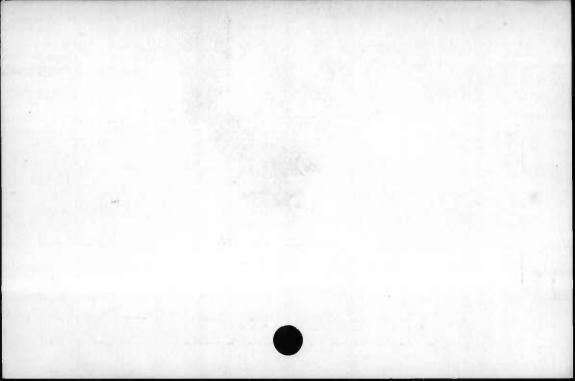
Name In Full	Rof. nau	-	80:10		CERTIFICA	TE OF DEATH
	Died at Parry Ha	Baltime		MARYLAND		
	Date of death 190 / 2	Day 29	Age	Mo	nths	Days
ED BY	Sex Mall	Color or Zy	hile	Birth- place	my &	all
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death				
	Married, Single Name of Wile or Husband					
NEA	Father's Barilolon	eidel .	Father's Birthplace Farry Kall			
40	Mother's Maiden Name Mary		Mother's Bulliner			
	Name of person giving Bartholomuse Seid Hite					her
CAUSES OF DEATH						
	Primary		(100)	How long		
PHYSICIAN R CORONER	Immediate Heart falerice Howlong					
	Are the name, age, sex, color. date and place correctly given above?	Signature of Jm T. G. While for				
4 K		Address Parkrulee had				
X	Accident or Suicide?					
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Name in Full	Cora E.		CERTIFICATE OF DEATH				
BY	Died at Int Min	Ballo		MARYLAND			
	Date of death 1906 12	l Day	Age Years	Mon 6	ths Days		
N N	Sex Junace	Color or Race	Viite	Birth- place W	hmusus		
ANSWER	Occupation X	Where Residing if not at place of death Mh Minor					
	Married, Single on Widowed						
TO BE	Father's Edw. 2	r Sev	ere	Father's Birthplace	Bolto		
	Mother's Maiden Name Metter S	Zisviklin	Mother's Birthplace	Bolto			
0.3	Name of person giving Edw	How related to deceased	Follow				
CAUSES OF DEATH							
	Primary Inani	tion	100	How long	ned		
PHYSICIAN OR CORONER	Immediate Esteu	ustro	4	How long			
	Are the name, age, sex, color, date and place correctly given above?		ignature of 2,34	tall			
			Address 2001	2 mi	nous		
X	Accident or Suicide?		A 10 A 10 A 10				
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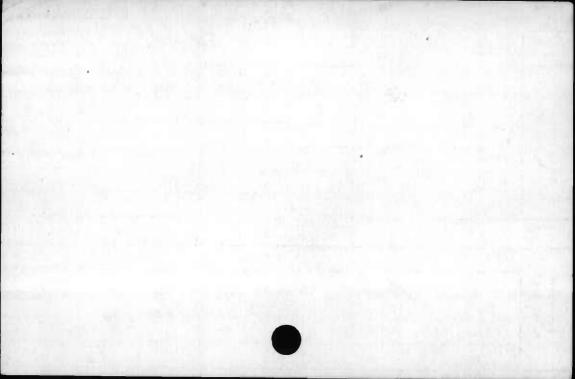
Name in CERTIFICATE OF DEATH Full County Town MARYLAND Died at Years Months Days Date Age of death 190/ Ω Birth-place Color or ANSWERED REST FRIEN Race Occupation Married, Single or Widowed Name of Wife or Husband TO BE Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary ONER PHYSICIAN Immediate OR Signature of Physician Are the name, age, sex, color, date and place correctly given above? Address BO Accident or Suicide? LIDRARY BUREAU A88516



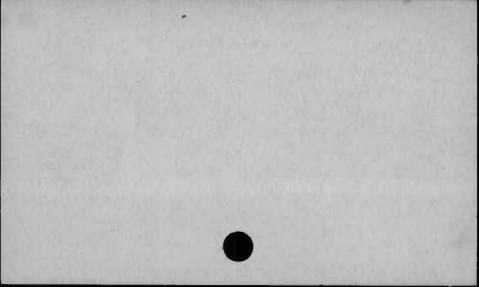
Name in Full CERTIFICATE OF DEATH MARYLAND Day Months Davs Date of death 1 90 6 日マ Color or Birth-place ANSWERED NEAREST FRIEN Sex Race Occupation Where Residing if not at place of death Name of Wite or Husband TO BE Father's Father's Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long a bour ONER PHYSICIAN Immediate OR Are the name, age, sex, color, date Signature of and place correctly givan above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS

Undertaker Henry . M. Jen. Lins Sons. Co. \* 233 Ment Saratoga St Place of Burial St Thomas Cem" -Garrison descent Batto County In M

Mame in CERTIFICATE OF DEATH Full Balto MARYLAND Months Date Age of death | 90 Birthmid. male Color or ANSWERED FRIEN Race 25 Eastern aug Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed Father's Ballo. Father's Birthplace Name Mother's Mother's Birthplace Marden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long 6 days How long EB PHYSICIAN Ivaquia 2 days NO Immediate ĕ Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSES



Name in Full Certific	ate of Death
Daniel & with	12-13
Died at J + African Day   Y. M. D.   Native of Occupation	IARYLAND
Date 1906 12 2 Age 13-8 13 2nd Form Male White Married Wildow Divorced Divorced Single Wildower Number of children living	R
Husband of horgant Shith	
Father's Name Solum Smith Name Stolie Shut	4
Cause of Primary How long sick alour (	he
Death Immediate HEart Failure Accident, Suicide,	
Reported by  Address  Address	
Address  Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.  LIBRARY BURIL	(.

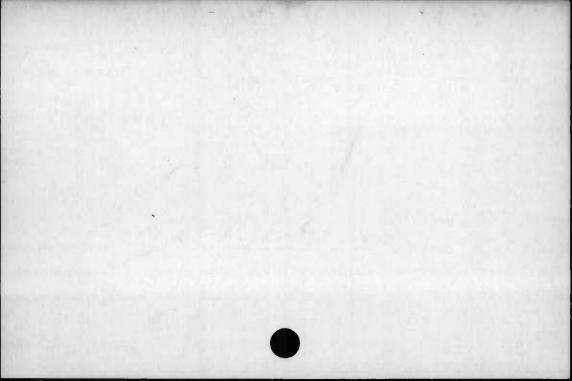


CERTIFICATE OF DEATH Died at St. Helena. MARYLAND Months Days Birth-place Where Residing if not at place of death Married Name of Wile or Husband or Widowed Father's Mother's Birthplace Name of person giving How related to deceased CAUSES OF DEADS Primary How long How long Are the name, age, sex, color, date and place correctly given above? -Accident or Suicide? Acc

Mr Carmer Hander Hom Name · in Full CERTIFICATE OF DEATH County MARYLAND \*Days Month Months Age death 1 90 ( NEAREST FRIEND Color or Birth-ANSWERED place Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wile or Husband or Widowed BE Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related/ to deceased In formation CAUSES OF DEATH Primary low long CORONER How long PHYSICIAN **Immediate** Are the name, age, sex color. date Signature of and place correctly given above? Physician Address Activent or Suicide? LIBRARY BUREAU ASSOLS

Jak Lann

Name in Full	mary	Smitt		CEF	RTIFICATE OF DEATH			
	Died at Granite Town		Baltimor	4	MARYLAND			
ERED BY	Date of death 1906 12	2 8	Age 34	Months	Days			
	Sex Lemale	Color or Race	lite	Birth- gra	mite			
5 L	Housen	fe	Where Residing if not at place of death	Same	2			
ANSW REST F	Married, Single mained Name of Wile or Husband Frank Smith							
NEAL NEAL	Father's Wrias &	Father's Birthplace	ramle					
٥ ـ ـ ـ	Mother's Maiden Name man	Mother's Birthplace	frante					
	Name of person giving Fran	ik Snus	the how	How related to deceased	urband			
	CAUSES OF DEATH							
	Supposed 1	acute In	rdegestion	How long Sere	eral hours			
PHYSICIAN R CORONER	Immediate He	art fail	Pure s	How long Ser	eral hours			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Lolu	v J. Je	rac (Coroner			
0 H	)	<u> </u>	Address Q	ramte	md.			
X	Accident or Suicide?							
				LIMBAR	SY BUREAU AUSDIG			



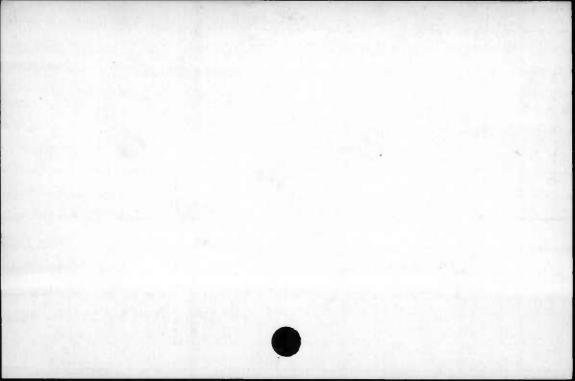
Name in Full CERTIFICATE OF DEATH Palterno Town Died at MARYLAND Month Day Months Date Days of death | 90 Age Birth-Color or FRIEN ANSWERED Race Where Residing If not at place of death Name of Wile or Married, Single Husband or Widowed BE Father's Father's Birthplace 9 Mother's Mother's Maiden Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary low long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSOIS

To be veried by Ensor and Price at fosters sem. Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Day Date of death 190 6 Age FRIEND Birth-Color or ANSWERED place Race Occupation Where Residing if not at place of death NEAREST Name of With or Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving deceased In formation CAUSES OF DEATH Primary. ORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OB Accident or Suicide? LIBRARY BUREAU ASSETS

Surely Lee 9th

Min & Brooks

Name Darius Causbury in Full CERTIFICATE OF DEATH Died at My Hope Restrict Ballium MARYLAND of death 190 6 DEC 2 red Age 80 Lukuowa unkuron Birth-Ballimon sex Male Color or While Z ANSWERED Where Residing if not 3 cellmion Occupation Name of Wile or Lukyown of Widowed Father's Birthplace wkuown Father's Name Mother's Mother's Birthplace Maiden Name to deceased with at all Name of person giving Recas lut of the Retriger CAUSES OF DEATH Terumal Drumtia Post Sen- Manin abt 5 or 6 400 ER PHYSICIAN Immediate Ex-haustion NO Are the name, age, sex, color, date dand place correctly given above? Signature of for auk Wel Stothe Rebrus Balhmon Co mil -Accident or Suicide? LIBRARY BUREAU ASSOLO



Name in CERTIFICATE OF DEATH Full Town. MARYLAND Died at Months Days Date Age of death 190 Color or Birth-ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death REST Married, Single Name of Wite or Husband or Widowed ad m Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF BEATH Primary How long ER How long PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BU

Il & Mars half 3539 Tallo Rosel Dried Ridge JEC 10-

Mrs. Earah Jane & CERTIFICATE OF DEATH Full Died at Day MARYLAND Date of death 190 Rec. 75 Color or Race Thili Birthmaryland Sex Ina ANSWERED Occupation How a vege Where Residing if not at place of death Stewart Name of Wite or Married, Smula La cumb o Husband Widowed . Father's James E. Crangle Father's md . Birthplace Mother's Mother's Maiden Name Julia A. Sanko Birthplace low related Name of person giving James Stewart deceased CAUSES OF DEATH How long Carcinoma of liver & stomach about 3 years How long ORONER PHYSICIAN Exhaustion zard mos. Mink. Eareckson and place correctly given above? Signature of Physician Address C Elk Ridge, md. Accident or Suleide? LIBRARY BUREAU ASSOLS

Burial at Loudan Park, Dec 18-th 1906;

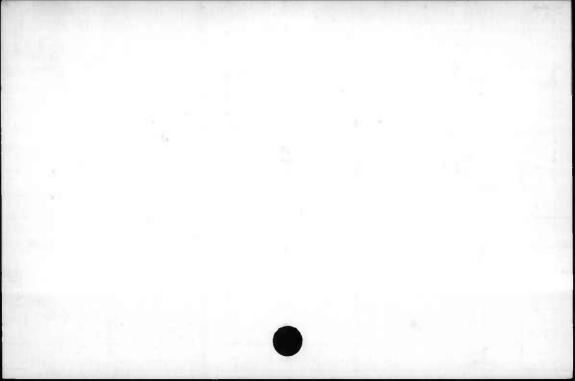
Name in Full CERTIFICATE OF DEATH MARYLAND Days Date of death 190 G Color or RIEN ANSWERED Race Where Residing if not hear Name of Wile or Married, Single or Widowed Husbend Father's Fether's Birtholace Name Mother's Mother's Birthplace Maiden Name How related Time Neme of person giving solella to deceased In formation CAUSES OF DEATH Primary Orlerio Deherosis ar RONER PHYSICIAN Are the name, age, sex, color, date 0 and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSOTS

Jos. B. Carts hen Cashedrer Cemely

Name	~ /	,	//				
in Full	Strivon - Un	brug à	ladd		CERTIFICATE OF DEATH	4	
	Died at Cachen ville				MARYLAND		
> m	Date of death 1906 DEC	Day	Age 40	Mor	nths Days		
	sex Male	Color or Wha	ila (Chris	Birth- // 120	els) Ballo lo ma	C	
5 L	Calary		Where Residing if not at place of death				
	Married, Single Sing Le	Na <del>me of</del> Wite or Husband					
N BE	Father's John y Godd			Father's Birthplace J'ulapses Wish			
٩	Mother's Maiden Name Is abelly Strivert			Mother's Ballunore Md			
	Name of person giving Johns	How related Brothes					
		CAUSE	S OF DEATH	1			
	Primary Gastro &	utrotes	100	How long	18 months:		
LYSICIAN	Immediate Paretocules	Recelu	5/1	How long	10 days		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	my R.	or R. Bauses		
g 8/			Address Cach	ajoul	Un rud		
X	Accident of Suicide2	,					
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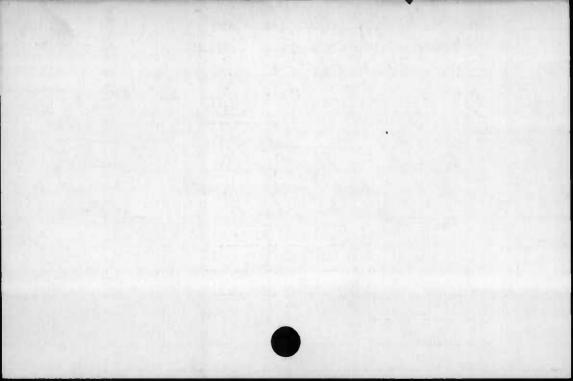
Name In Full CERTIFICATE OF DEATH Died at MAStone Retorice MARYLAND Days of deeth 1906 bukunga Color or While Birth Foland -Sex Male ANSWERED Where Residing If not at plece of deeth Name of Wile or . Married, Single Lines (e Husband W E Father's Birthplece Wekenson Father's Name Mother's Mother's Birthplace Maiden Name Name of person giving Reads Mt Hokekehrap How releted to deceased litt at all CAUSES OF DEATH Eplephe Maria Immediate Status Epcleptions 四日 How long PHYSICIAN NO Are the name, age, sex, color, date and place correctly given above? Signeture of Trank) Camery las Accident or Suicide?



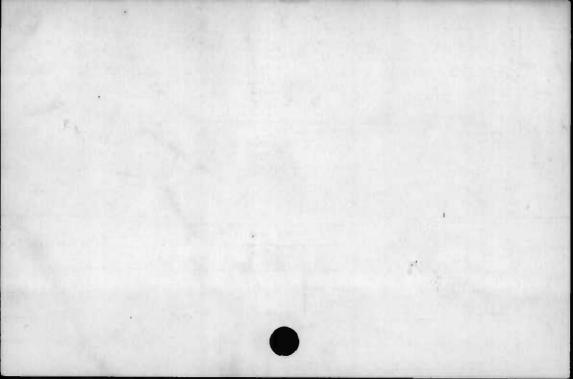
in Full	Eva Trusch				CERTIFICA	TE OF DEATH			
	Died at Canton	19 allimor		MARYLAND					
	Date of death 1906 Dec	# Day	Age 4/	9 M	onths	Days			
ERED BY	Sex Female	Color or Race	while-	Birth- place	Ind.				
> L.	Occupation Housewas 4 Where Residing if not at place of death								
604	Married, Single Married or Widowed	Married, Single Married Name of Winter Jasiph Trus ch							
TO BE	Father's Enhand TE	Father's Birthplece							
ř	Mother's Softhio	Mother's Birthplace	Mother's Germany						
	Name of person giving down	How relate		and					
		CAUS	ES OF DEATH	6	1	17.0			
	Primary Welli Calvall		udicilis	Howlong	4 dey				
PHYSICIAN OR CORONER	Immediate 24 hours win								
	Are the name, age, sex, color, date and place correctly given above?	ulu SI	- Seering W.W.						
	{		Address 1937	Edulm	au.				
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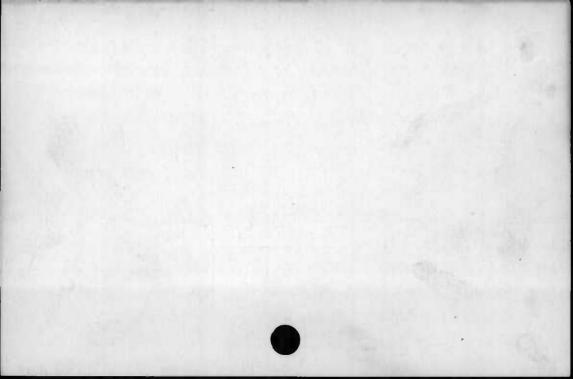
Name in Full	Edward Jull	y			CERTIFIC	ATE OF DEATH		
	Died at of agnes byspila		County			MARYLAND		
	Date of death 190 L	Day	Age 30	Mo	nths -	Days		
ED	Sex Male	Color or Race	rlule	Birth- B	alto.	md.		
ANSWERED BY	Occupation Can Waker Where Residing if not at place of death							
	Married, Single Sugar Name of Wife or Husband							
TO BE	Father's Valuete Sylly			Father's Birthplace				
F	Mother's Maiden Name Bridgy Cockrau			Mother's Birthplace				
	Name of person giving Miss Kate July			How related to deceased		ter		
		CAUS	SES OF DEATH					
	Primary Tulumary	intere	ulorid.	How long	Lyra	<b>.</b> .		
CIAN	Immediate Ay hourstone Alow long							
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Mrs. Signature of Mr. Shaw.						
a #		0	Address It agurs' Hospital.					
X	Accident or Suicide?				- /			
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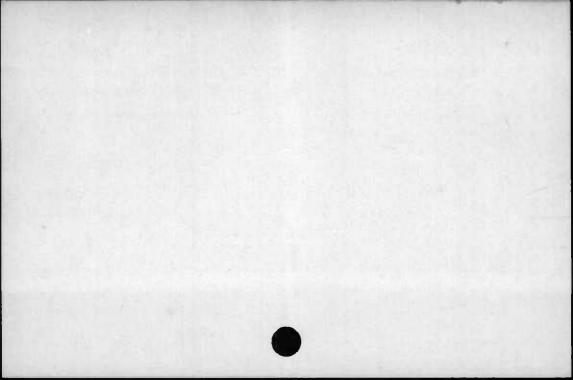
Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date of death 1906 Age Birth- Balto Co M Color or RIENI ANSWERED Race Occupation Where Residing if not lipermer at place of death Name of Wate or Upperco or Widowed TO BE Father's Name Mother's Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary EB How long PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suiside? LIBRARY BUREAU ASSSIS



Name in Full		CERTIE	CATE OF DEATH					
ВХ	Died at Meshfort	Balto		ARYLAND				
	Date of death 1906 /2	Day	Age	Mo	onths	4 Days		
	Sex Female	Color or Race	hiti	Birth- place mc	_			
ANSWERED	Occupation  Where Residing if not at place of death  Meshhow							
	Married, Sagte Name of Wile or Husband							
NEA NEA	Father's Kenly Walterneyer				Father's Birthplace Just			
0 L	Mother's Maiden Name Lerna	Mother's Birthplace						
	Name of person giving Christ	How related to deceased	How related to deceased Brother					
		CAUSI	ES OF DEATH					
V .	Hemorshage of boweld			Howlong 2 days				
CORONER	Immediate Ethanshin			How long				
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	yrs	Signature of Physician	tall	2			
4 E		Address hulf	mi	rac	is			
0	Accident or Sulpide?							
					LIBRARY DU	REAU ASSOIG		



Name in Full	William C	Vater	2		CÉRTIFICAT	E OF DEATH		
	Died at Sparrows Point Baltimore			unty	MARYLAND			
>	Date of death 1906 DEC	27 Day 14	Agealous 4	ks- 1	Months	Days		
a 0	Sex Male	Color or K	luke	Birth- place				
VER	Occupation  Where Residing if not Highland from Md at place of death Highland from Md							
	Married, Sagete							
TO BE NEA	Father's Name			Father's Birthplace	Father's Birthplace			
To	Mother's Maiden Name			Mother's Birthplace	Buthalasa			
	Name of person giving Mrs Melia.			How related to decease	How related Boarding house to deceased Mistress			
		CAUS	ES OF DEATH	7				
	Primary acute al	esholis	in/ K	How long Sevs	rul da	ys		
N E B	Immediale Cerebral Congestion Pow long 200 3 hours							
PHYSICIAN R CORONEI		yrs/	Signature of P.	6. Mich	muicic	mil		
PHY	1	D'Egonows Po			rus			
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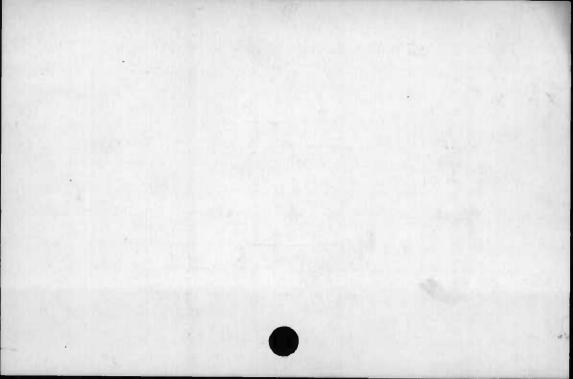
Name Barbara Wein beek in CERTIFICATE OF DEATH Full MARYLAND Months Days Date of death 190 6 Dec. Fimale Color or Birth-ANSWERED FRIEN place Occupation Where Residing if not Housework at place of death Married, Single Widow Name of Wite es. O BE Father's Birthplace Father's don't Brown Name Mother'a Mother's dent-kno Maiden Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long EC How long PHYSICIAN 20 Immediate 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ABORLO

Sacred Heart Cemelery Dec. 29 # 1906 Germanus Trance Un der taken

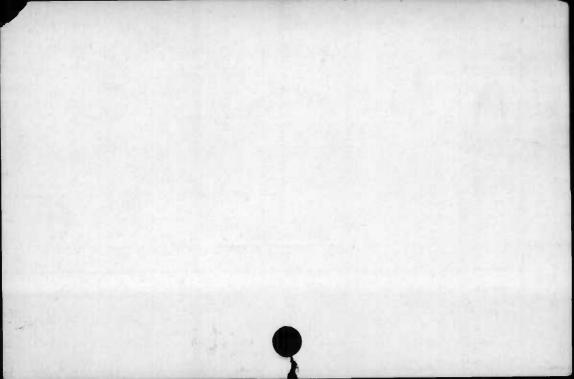
Name in CERTIFICATE OF DEATH Full Died at Envir Pont Horre Town Ball. MARYLAND Months Date of death 190 6 Age Maryland. sex Male Color or Z ANSWERED Occupation Where Residing if not at place of death Name of Wile or Married, Small Husband or Widow 日日 Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation w uspital 2 yrs. 4 mis CAUSES OF DEATH How long Primary How long Instantanions 出 PHYSICIAN Myo- Carditis NO OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicio LIBRARY BUREAU ASSESS

Place of Courior New Collectro Com.

Name in CERTIFICATE OF DEATH Full inhlund MARYLAND Died at Davs Months Month Date of death 1906 Age Birth-Color or FRIEN placa ANSWERED Race Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed 田田 NEA Father's Birthplace Name 2 Mother's Mother's Birthplace Maiden Name How related Name of person giving to daceased In formation CAUSES OF DEATH How long Primary How long CORONER PHYSICIAN Immediate Signature of Are the name, age, sex, color, date Physician and placa correctly given above? Address 2 Accident or Suicida? LIBRARY BUREAU ASSSIS



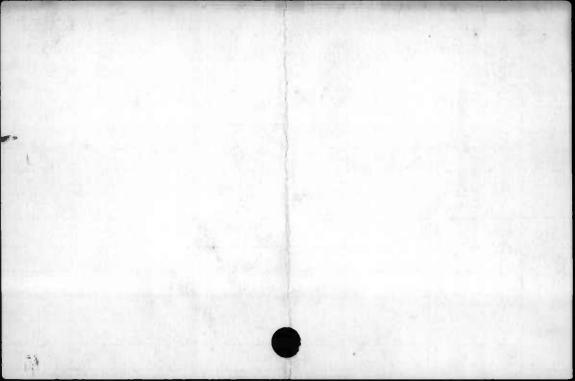
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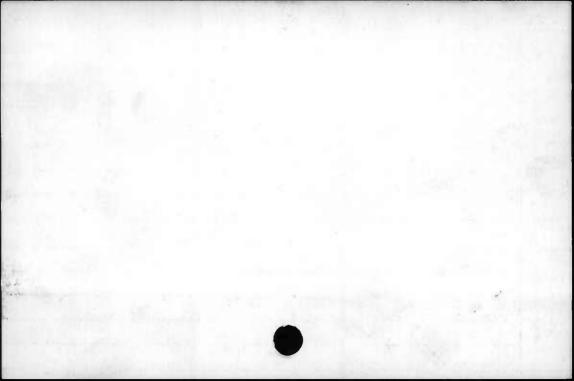
Name in CERTIFICATE OF DEATH Foll MARYLAND Months Date Birth-Color or Race ANSWERED Occupation Where Residing if not at place of death Married, Single Willowed Name of Wife or Widowed Willowed Husband Father's Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased Daughler In formation CAUSES OF DEATH Primary How long 11 ORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUREAU ASSOIS

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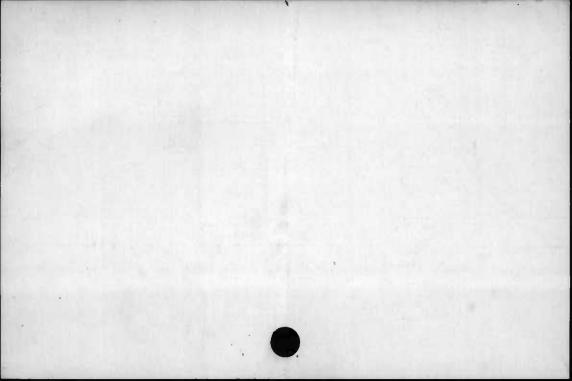
Name /	1 11 11	- 0 1	-					
in Full	John lo William					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Walters	Po also			MARYLAND			
	Date of death 190 6 Month	Day	Age	ears	Months / O		Days	
	sex Male	Color or Culorun			Birth- place Muy			
	Occupation Where Residing if not at place of death							
	Married, Simple or Widowed							
	Father's Name	Il Wellian			Father's Birthplace	M	u	
	Mother's Marden Name				Mother's Birthplace			
	Name of person giving In formation			22	How related to deceased			
		CAUS	ES OF DEATH	40	/			
PHYSICIAN OR CORONER	Primary Ville	mo	mi		How long	U	ech	
	Immediate	-3		0	How long			
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	of death 1906 Dee	2 9	Age	Years 86	M	Months		
	Sex Grale	Color or Race	ite		Birth- place	seott	ant	
	Retired		Where at place	Residing if not	Grays.			
	Married, Single Widowes	Name of Wite or Husband	200	erah	1001	iller		
	Father's James W	r's () ()(()')				don't	Know	
	Mother's Maiden Name Vennis					Mother's Birthplace		
	Name of person giving normalism					d Sul	yin Saw	
		CAUS	ES OF DE	HYA				
PHYSICIAN OR CORONER	Cortie rea	uran	fair	ion	How long	9		
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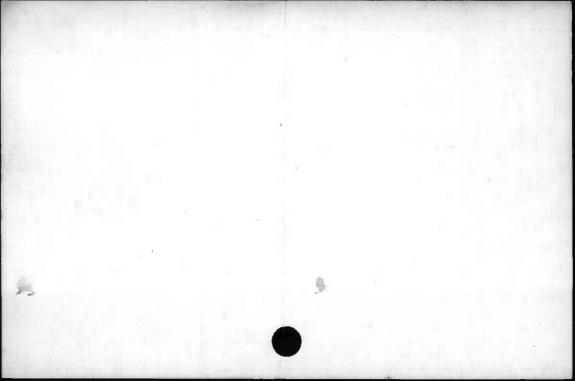
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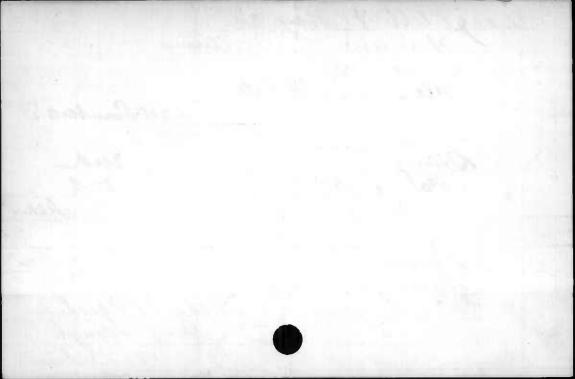
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0 1	Mother's Maden (Name Darah. Griffing			Mother's Birthplace Pool & Co					
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Oak Lawn